

Dementia, the self and Dasein

Magnus Skytterholm Egan

A thesis submitted in partial fulfillment
of the requirements of a Masters
degree in philosophy

Supervised by Professor Kjell Eivind Johansen
Department of Philosophy, Classics, History of Art and Ideas
The Faculty of Humanities
University of Oslo

Autumn 2010

Abstract:

In this thesis I focus on what, if any, philosophical implications for a conception of the self follow from the psychological and neurological study of dementia. After comparing different types of conceptions of the self and the expression they have found in philosophical examinations of dementia, I argue that the most pertinent philosophical theory of the self is Heidegger's' conception of Dasein. This conception is found to be illuminating particularly when it comes to understanding the changes in the experiential dimensions of someone suffering from dementia.

Acknowledgements:

Thanks are due to my supervisor Professor Kjell Eivind Johansen for insightful comments and enlightening discussions. Thanks are also due to my father for proofreading this work, and offering insightful tips as to where to use the comma. I should also like to thank The Tavistock Society, for its encouragement while I was struggling with parts of this thesis.

Special thanks are also due to all the people living and working in Presterud Senteret care home, who inspired me to conduct this examination. On one of the many enlightening days I worked there, one inhabitant with Alzheimer's disease told me: "I know something is wrong with me, but I have no idea what it is." Well, this is an attempt to understand on a human level what is involved in such a profound statement.

Table of contents

1: Introduction	5
2: What is dementia?	
2.1 Initial characterisation and symptoms	8
2.2 Studying the brain and its functions	10
2.3 The different dementia diseases	12
3: The self and dementia: the identity and no-self views	
3.1 The self introduced	18
3.2 The self as self-identity	20
3.3 The self-identity conception of the self and dementia	23
3.4 The no-self view: self as a fictional construct	26
4: The self and dementia: A Phenomenological and narrative conception	
4.1 Broader conceptions of the self	29
4.2 The phenomenological self	29
4.3 The narrative self	31
4.4 The narrative self and dementia	32
4.5 A narrative and phenomenological fusion	36
5: Heidegger's Dasein: An ontological examination	
5.1 Being and Time: Heidegger's methodology	38
5.2 Distinctions: Ontical/ontological and existentiell/existential	40
5.3 The Being of being-in-the-world	43
5.4 The existential constitution of Dasein	45
5.5 Dasein as a phenomenological conception of the self	48
6: Dasein and dementia	
6.1 Dasein and dementia: methodology	50
6.2 An ontological investigation of memory	51
6.3 The existentials and dementia symptoms	55
6.4 Dementia, the self and Dasein: explanatory value	59
7: Conclusion	62
References	65

1. Introduction

The word “dementia” comes from the Latin stem, *demens* which literally means without mind.¹

There is no doubt that dementia is one of the diseases that can affect people which causes the greatest amount of distress to the person afflicted, as well as their friends and family. It affects both body and mind, typically causing a gradual deterioration, until both memories are lost and the body is feeble. Dementia also has no cure; it may be slowed down, but invariably leads to death. That is not to say that a meaningful life is not possible with dementia. Friends, family and other carers may aid in creating a framework within which losing some of one’s mental faculties is less distressing. But there is no doubting the terrible implications of the possibility of gradually and irreversibly losing one’s mind. These reflections are commonly taken for granted. However, the conceptual implications of dementia as a very real aspect of the human condition for the study of philosophy have not been as widely explored as one might expect, given the commonness of the condition. In this thesis I will attempt to elucidate the implications of the scientific study of dementia for a philosophical theory of the self.

Here a question of method arises. After all, philosophy has traditionally stayed well away from empirical scientific investigations; philosophy explores the conceptual, while science explores the practical and observable. However, I venture that this theoretical division is not congruent with philosophical development. Indeed, as the empirical study of the mind develops, insights can be gained into the conceptual composition of man:

Throughout most of our history, philosophy has seen itself as being independent of empirical investigation. It is that aspect of philosophy that is called into question by results in cognitive science. [...] Cognitive science – the empirical study of the mind

¹ Alistair Burns, “Dementia: a twentieth century historical overview”, In *Psychiatry in the Elderly*, Third Edition, Edited by Robin Jacoby and Catherine Oppenheimer, (Oxford: Oxford University Press, 2002), 513.

– calls upon us to create a new, empirically responsible philosophy, a philosophy consistent with empirical discoveries about the nature of mind.²

Now, it has commonly been taken for granted that the seat of the mind is in the brain. So, I venture that it should follow that the science of the brain, neurology, should have implications for the philosophical theories of man. For although the philosophical theory will often be argued to be the foundation of the empirical science; one cannot lay a foundation without knowing what structure stands upon it. Furthermore, I will show that dementia, as one of the most complex and profound possibilities for man, has certain implications for what theories of the human self are feasible.

But this is not to say that philosophical theory cannot be illuminating for the scientific study of the mind. Indeed, whereas science seeks to categorize and quantify, philosophy of the self aims at explaining the fundamental structure which allows any experience. As a source of centuries of philosophical theories on the human self and experience, philosophy can in relation to dementia provide tools for comprehending what it might mean for a self to live with dementia. Here I will argue that the methodological tools of philosophy are invaluable. Moreover, I will argue that the philosophy of the self and scientific study of dementia are mutually illuminating.

Furthermore, in this thesis I will ask, and answer, a series of questions regarding the relationship between the self and dementia. In general I will ask, in the light of an examination of dementia, what constitutes a feasible theory of the self? Is the self something one has, or does not have? Or is it merely a fictional concept? In what way do the embodied mind and the self relate to one another? What explanatory value does a phenomenological interpretation of dementia have? Can it aid our understanding of someone suffering from dementia?

Now, in order to examine the philosophy implications of dementia, we must first have an initial understanding of what dementia is. I will therefore in chapter 2 introduce dementia; provide an overview of the symptoms, a brief description of the empirical study of the brain, and a description of some of the various dementia conditions. This survey will form the basis for our interpretation of the philosophy of dementia.

² George Lakoff and Mark Johnson, *Philosophy in the flesh*, (New York: Basic Books, 1999), 15.

After this, I shall examine four distinct types of philosophical theories of the self, and their recent applications in the philosophy of dementia. In chapter three I will examine an identity conception, exemplified by Locke and Kant, and a no-self conception, exemplified by Hume. Following this I shall turn to a critical examination of the applications of these types of theories of the self in the philosophy of dementia. Chapter four will follow the same structure, introducing a narrative and a phenomenological conception of the self, and critically examining applications in the literature of these theoretical frameworks for interpreting the philosophical implications of dementia.

After this I will in chapter five turn to my preferred methodological tool: Heidegger's conception of Dasein. This examination will focus on Heidegger's theory in *Being and Time*; more particularly the ontical/ontological distinction and the existential constitution of Dasein. I will then in chapter six use this methodological framework of Dasein in order to interpret the implications of dementia for the human self. By using this interpretation, we avoid addressing problems such as a subject/object distinction, and questions concerning whether something is real or not real. In short, I will argue that the theory of Dasein allows us to take a leap into the experiential dimension of dementia.

2: What is dementia?

2.1 Initial characterisation and symptoms

The purpose of this chapter is to give a brief characterisation of dementia. This will give us the necessary background knowledge to discuss how dementia affects the self. Specifically, this description will attempt to furnish a preliminary understanding of dementia, focusing on the psychiatric symptoms, the pathological finds and supposed neurological causes of the disease. It will also attempt to give an insight into how we connect the most common symptoms of the various forms of dementia with their underlying neurological cause. Due to the complicated nature of the subject matter, and limitations of space, I will not attempt to give a comprehensive description of the different dementia conditions, but rather offer a broad overview, which seeks as much to show the complicated nature of our inquiry. For the time being we will also proceed without questioning the epistemological status of these mainstream psychological, psychiatric and neurological accounts.

I will start by giving a brief description of the kind of symptoms associated with Dementia. Secondly, I will give a brief introduction to the neurological organisation of the brain, including the supposed localisation of certain cognitive functions, including memory, after which we will be in a position to understand the progression of the various forms of dementia. Thirdly, I will describe the most common form of dementia, Alzheimer's disease in more detail. Fourthly, I will give a brief overview of the other types of dementia and how they differ pathologically and symptomatically from Alzheimer's.

A natural place to start when characterising a disease is the International Classification of Diseases, or ICD, published by the World Health Organisation. According to the ICD:

Dementia (F00-F03) is a syndrome due to disease of the brain, usually of a chronic or progressive nature, in which there is disturbance of multiple higher cortical functions, including memory, thinking, orientation, comprehension, calculation, learning capacity, language, and judgement. Consciousness is not clouded. The impairments of cognitive function are commonly accompanied, and occasionally preceded, by deterioration in emotional control, social behaviour, or motivation. This syndrome

occurs in Alzheimer's disease, in cerebrovascular disease, and in other conditions primarily or secondarily affecting the brain.³

In short, dementia can be characterised as a disease of the brain, which leads to the progressive weakening of higher mental functions, such as memory, speech, planning and emotional control. Which functions are weakened and to what degree depend particularly on the type of dementia, how far the disease has progressed, and individual variation. Indeed, the only way to unequivocally diagnose someone with Alzheimer's disease, the most common type of dementia, is a post-mortem examination of the brain. However, simply put, the symptoms of dementia are lasting memory loss along with at least the deterioration of one other cognitive function. It is also important to note that the person is not delirious, i.e. he or she is fully conscious.

So although there is a lot of variation when it comes to the progression of dementia, as with any type of disease, there is a set of symptoms that frequently occur. These can be divided into cognitive symptoms, behavioural symptoms, and motor symptoms. Frequent cognitive symptoms include impaired attention, impaired learning skills, memory loss, aphasia (language problems), apraxia (loss of ability to carry out practical functions), agnosia (impaired ability to recognise sounds, persons and things), the impaired ability to orientate in space, and impaired intellectual abilities.⁴ All these various abilities can also be divided into sub-categories, and they also interact in various ways. This is especially clear when it comes to memory-loss, which as the most common symptom for dementia, and the common denominator, will be discussed in more detail below.

We can divide the behavioural symptoms into, depression, anxiety, delusions, hallucinations, changing personality, apathy, restlessness, irritability, aggression, shouting etc.⁵ These symptoms will of course vary according to type of dementia, loss of cognitive functions, individual personalities, the sufferer's environment, attitude of friends, family and caregivers etc. For example impaired ability to produce coherent sentences for a person who prides himself/herself on their language skills might cause

³ World Health Organisation, *International Classification of Diseases (ICD10). Chapter 5 Mental and Behavioural Disorders (F00-F99)* World Health Organisation, 2007
[<http://apps.who.int/classifications/apps/icd/icd10online/>] (visited 20.03.2010)

⁴ Knut Engedal and Kristian Haugen, *Lærebok: Demens Fakta og utfordringer*, (Sem: Nasjonalt kompetansesenter for aldersdemens, 2004), 42.

⁵ Ibid, 42.

depression and withdrawal. And while it is comparatively easier to quantify and diagnose the cognitive symptoms, these behavioural symptoms require a better understanding of the personality of the individual in question. Finally, we have the impaired motor functions, which include impaired ability to control muscle movements, and incontinence. Before we proceed to a characterisation of the different dementia conditions, we will look briefly at our understanding of the brain.

2.2 Studying the brain and its functions

In order to understand why we associate these symptoms with dementia and how dementia progresses, we need to turn to our understanding of the brain. It is commonly taken for granted, with good cause, that the brain is what allows us to speak, think, feel, understand, and reason. Now, as we will see in the next few chapters there are many different philosophical theories about how the self is constructed, and what connection this has with our physical composition and cognitive endowments, but in order to have a basis to investigate this we must first look at how our brain is composed and how that connects with our mental faculties.

Modern neuroscientists have been able to describe where in the brain many of our cognitive capacities are located. This has been done in mainly three different ways: firstly, by dissecting the brain, thereby mapping out its gross structure, and internal organisation, down to the examination of individual cells. Secondly, by studying patients who have brain damage in a certain area of the brain, and studying which functions are impaired. Thirdly, by getting patients to perform tasks while using modern image techniques like computed tomography (CT) and electroencephalography (EEG) to attempt to study what parts of the brain are particularly active when the various tasks are being performed.

This research has shown us that the brain is a connection of approximately 15-35 billion neurons, commonly called brain cells. There are approximately 150 different types of neurons, but they operate in more or less the same way. Two parts of the neuron are especially important for our survey, the dendrites, and the axons. These are what connect the different neurons together. The dendrites are part of a neuron's cell body and receive "input" in the form of neurotransmitters. The neurons can communicate by firing an electric current through their axon, which releases specific neurotransmitters, depending on the type of neuron, to another neuron's dendrites.

Furthermore, the brain consists of glia cells (astrocytes and oligodendrocytes), which support the neurons and their axons, allow for the right levels of neurotransmitters to be available, and section off parts of the brain that become damaged.

Furthermore, modern neuroscientists divide the brain into massive collections of neurons, called nuclei, which have often been found to perform specific functions; for example the primary visual cortex right at the back of the brain, which first receives inputs from the eye channelled through the lateral geniculate nucleus in the thalamus, and starts putting together the mental image we commonly call seeing. While neurons from any nuclei often communicate with many other nuclei, there are also large axonal pathways, through which a lot of neurological communication takes place, for example from the primary motor cortex right at the top of the brain all the way down to the spinal cord, where other neurons carry on the message and make the muscles perform specific functions. So for some types of functions, specific neurotransmitters are important to relay messages in the brain. The production of these neurotransmitters can be inhibited in different ways due to dementia, which literally slows our reactions and limits cognitive functions. Furthermore, the brain has also been found be dividable into sections; the older (evolutionarily) functions, such as those controlling heart rate and breathing, located closer to the brain stem, and the higher order mental functions such as memory, vision, and executive functions, located towards the brains outer rim: the cortex.

The cortex is commonly divided into four lobes: frontal, parietal, occipital and temporal. In the frontal lobe, behind the forehead, the brain takes care of executive functions, such as planning an act, and also arguably houses our personalities. The parietal lobe towards the top of our brain receives information from touch and helps us coordinate in space. The occipital lobe at the back of the brain is mainly concerned with vision. The temporal lobe contains, among other things, the limbic system, which is particularly involved in learning and memory.

So, we have a broad overview of what parts of the brain are involved in the different cognitive functions we employ. However, it must be stressed that these nuclei never work in isolation, and never is that more true than when it comes to memory. Memory is often differentiated into three different types – working memory, long-term memory, procedural memory – and these types of memory interact with each

other, and individually connect different parts of our brain and other cognitive functions. While there are different theories as to specific locations of memory functions and how they interact, the most important areas for long-term memories are located in the hippocampus and the surrounding areas, located in the temporal lobe of the brain. Furthermore, the frontal lobe, where most executive functions are thought to be based, is very much involved with working memory.⁶

As we have seen in our initial characterisation of dementia the most important diagnostic criterion is memory loss, although other symptoms might precede this. In order to diagnose cognitive deficits, particularly memory loss, doctors interview the person, and the person's family. The questions aim to ascertain the level and degree of behavioural changes, motor difficulties and cognitive deficiencies, as well as the impact on the primary care-givers.⁷ Central to this examination is a Mini Mental Status (MMS) test, which tests the patient's memory and other cognitive functions on a scale from one to thirty. Many of these questions revolve around ascertaining short and long time memory loss: such as: which year is it? What date is it? And testing a patient's short term memory by asking them to remember the names of three objects. Along with other tests this can give us indication of what kind of memory loss has taken place, and also tests other cognitive functions in order to ascertain how the brain has become effected by the disease.

2.3 The different dementia diseases

Based on this information about the symptoms of dementia and the structure of the brain we can now come to a basic understanding of dementia as a disease, and how the physical symptoms in the brain can lead to the symptoms we can observe. To begin with, we will focus on Alzheimer's disease. The two distinguishing pathological finds in a patient with Alzheimer's disease are neurofibrillary tangles and neuritic plaques. Neurofibrillary tangles develop inside the cells, as two and two parallel running tau protein fibres become tangled together. This process hinders normal transport within the cells which leads to cell death. These tangles usually occur in the cortex, the limbic system and some areas of the brain stem.⁸ Neuritic

⁶ Michael Passer et al., *Psychology: The Science of Mind and Behaviour*, (London: McGraw-Hill Higher Education, 2009), 374.

⁷ Engedal and Haugen, *Lærebok: Demens Fakta og utfordringer*, 256.

⁸ Ibid, 65.

plaques, on the other hand, develop outside the cells. These plaques are bundles of cells, including astrocytes, surrounding a core of beta-amyloid. Beta-amyloid is thought to be poisonous, and cannot be broken down by the brain. These plaques are found in the highest density in the “temporal and occipital lobes, intermediate in the parietal lobes, and lowest in the frontal and limbic cortex.”⁹ These plaques are also a defining feature of Down’s syndrome where the deposits of beta-amyloid start already at the age of 5-10 years.¹⁰

In addition to plaques and tangles, Alzheimer’s disease is characterised by a reduction of synapses, granulovacuolar degeneration, and loss of neurons. Furthermore, the loss of neurons in areas that are involved in the production of neurotransmitters, leads to a deficit of neurotransmitters, for example acetylcholine, norepinephrine and serotonin.¹¹ This deficit can slow down or cut off communication in some areas of the brain. As we can see Alzheimer’s disease is pathologically complex, yet based on neurological, and psychological studies we can connect some of this organic degeneration with specific functional deficits. As Cummings puts it:

The distribution of plaques, tangles, and cell loss in the neocortex suggests that instrumental deficits such as aphasia and visual spatial abnormalities are attributable primarily to plaque formation and related cellular abnormalities. Neurofibrillary tangles contribute to the memory disturbance and the neuropsychiatric symptoms of the illness, while transmitter deficits – particularly the deficiency of acetylcholine – play a role in both cognitive and behavioural changes.¹²

In short, given the specific neurological degeneration involved, we can see that the first cognitive symptom of Alzheimer’s, memory loss, is clearly a result of a neuron loss in the hippocampus region of the brain. The other symptoms are the result of a complex holistic history of plaques, tangles and transmitter deficits, which spread throughout the brain and add to the complex cognitive, behavioural and motor symptoms listed above.

⁹ Jeffrey L. Cummings, *The neuropsychiatry of dementia disorders*, (London: Taylor and Francis, 2003), 64.

¹⁰ Engedal and Haugen, *Lærebok: Demens Fakta og utfordringer*, 65.

¹¹ Cummings, *The neuropsychiatry of dementia disorders*, 66.

¹² Ibid, 66.

While the symptoms presented by Alzheimer's are complex and interconnected, a brief survey of a typical progression of the disease may be helpful. Apart from long term memory loss, another often encountered early symptom of Alzheimer's is limited aphasia. Simply put, it often becomes difficult to find the correct word for something. Furthermore, completing a complex task can become difficult, as can finding one's way in new surroundings. Sometimes emotional changes are also the first symptoms, for example becoming tired, getting depressed, or losing interest in one's family. The large variation in symptoms shows the difficulty of reaching an early Alzheimer's diagnosis.

As the disease progresses the memory loss will become more severe, mostly affecting events that have occurred in the previous days, months and years, while intact childhood memories can still persist. This is what is called Ribot's law: "more recent information is lost before more remote events."¹³ Some will have difficulty recognising friends and family. Aphasia will also often become a problem, especially problems understanding and constructing coherent sentences. Serious behavioural changes can also become apparent, including aggression, suspiciousness and hallucinations.¹⁴ In the last phase of the disease memory will often be constricted to 10-15 seconds, though some still remember certain memories from their earlier lives.¹⁵ However, due to a large degree of aphasia and incoherence it is often difficult to distinguish the exact nature of the cognitive deficits and behavioural changes. Alzheimer's also shortens the projected lifespan of a person, and is the third largest risk factor for death after cancer and heart conditions.¹⁶

Now we need to remember that Alzheimer's is only one of many dementia diseases, even though it is the most common. We will now move on to consider four other types of dementia: dementia with Lewy bodies, dementia with Parkinson's disease, vascular dementia, and fronto-temporal lobar degeneration.

Firstly, dementia with Lewy bodies is a type of dementia closely related to Alzheimer's disease (above) and Parkinson's disease (below). Some even argue that there is no distinct break between these dementia conditions but more of a

¹³ Passer et al., *Psychology: The Science of Mind and Behaviour*, 512.

¹⁴ Engedal and Haugen, *Lærebok: Demens Fakta og utfordringer*, 89.

¹⁵ Ibid, 89.

¹⁶ Ibid, 90.

continuum.¹⁷ Indeed, it has no specific place in ICD10. So, while one might argue that it is not a natural kind, it is distinguished in the literature. However, the pathologically distinguishing feature for dementia with Lewy bodies is the presence of Lewy bodies in the cerebral cortex.¹⁸ These bodies are spherical and typically include the protein alpha-synuclein neurofilaments.¹⁹ They typically occur in the brainstem, and in the cortex close to the hippocampus. Symptomatically, dementia with Lewy bodies is distinguished by “prominent attentional deficits, fluctuating cognition, marked visual hallucinations, and [or] Parkinsonism.”²⁰ Other symptoms can include delusions, depression, mis-identification, and sleep disorder.²¹ Dementia with Lewy bodies has a quite similar progression to Alzheimer’s disease, though memory is often not one of the first symptoms. Attentional deficits and fluctuating cognition can give the impression of someone drifting in and out of (self)-consciousness.²²

The second type of dementia we will briefly mention is dementia with Parkinson’s disease (hereafter PD). We must first distinguish PD from Parkinsonism, which show similar symptoms but from a different cause, for example a brain tumour, trauma or drugs. The most common symptoms of PD are slow movements, involuntary tremors, rigidity, and postural reflex impairment, i.e. balance difficulties.²³ These symptoms are due to the loss of neurons in the substantia nigra nucleus in the brain, which leads to a deficit of the neurotransmitter dopamine used to convey motor movement. Between 18 and 40 % of people with PD develop dementia.²⁴ And while there are many similar symptoms to Alzheimer’s disease, there are also symptomatic differences:

Studies contrasting patients with Alzheimer’s disease and PD with dementia demonstrate that even when matched for dementia severity there are identifiable clinical differences. Patients with Alzheimer’s disease have more impaired verbal memory and logical memory, more impaired language with aphasic type

¹⁷ Ibid, 115.

¹⁸ Cummings, *The neuropsychiatry of dementia disorders*, 117.

¹⁹ Ibid, 124.

²⁰ Ibid, 117.

²¹ Ibid, 117.

²² Engedal and Haugen, *Lærebok: Demens Fakta og utfordringer*, 115.

²³ Cummings, *The neuropsychiatry of dementia disorders*, 134.

²⁴ Ibid, 136.

abnormalities, less severe executive dysfunction and less marked cognitive slowing as measured by complex reaction times.²⁵

Our third type of dementia, vascular dementia, refers to dementia caused by vascular lesions in the brain, such as a brain haemorrhage, which constricts blood flow to an area of the brain. Vascular dementia is often differentiated according to where the lesions occur, with symptoms corresponding to loss of use of specific areas of the brain. For example: “With local injury to the left hemisphere, aphasia, apraxia, and related syndromes such as alexia [inability to understand writing], agraphia [problems writing], and acalculia [difficulty with simple maths] are most frequently observed.”

²⁶VaD can also be differentiated according to whether or not there are multiple infarctions. When there is one infarction dementia can occur if there is much damage in the thalamus or hippocampus, or the surrounding areas. With multiple infarctions a stepwise progression is often found. In short, VaD is an umbrella term which is used for different diseases and can cover many different symptomatic progressions, and is further complicated by at times co-occurring with AD. However, it is often distinguished by a more sudden, sometimes stepwise, progression, as opposed to the more gradual progression of Alzheimer’s.

The last dementia condition we will mention is Fronto-temporal lobar degeneration (henceforth FTLN). This type of dementia has an earlier onset, typically in the early fifties, and covers several diseases, which lead to degeneration in the frontal and temporal lobes of the brain.²⁷ There are several causes for this type of dementia, including a mutation of chromosome 17, which often leads to mutations of the tau protein in the brain. Common symptoms of FTLN are executive dysfunction, apathy, withdrawal, motoric aphasia, behavioural disinhibition, and impulsivity.²⁸ These symptoms can be present before memory loss, as it takes the disease a while to affect the hippocampus. However, as with the other conditions there are many variations, and FTLN can also overlap with other dementia conditions.

So, as we have seen, dementia as a disease is much more complicated than initially characterised. The varying conditions can co-occur, and the symptomology is

²⁵ Ibid, 142.

²⁶ Ibid, 142.

²⁷ Ibid, 217.

²⁸ Ibid, 217.

complex. Furthermore, this is complicated by the fact that some symptoms, such as forgetfulness, and behavioural symptoms, can also be present due to normal ageing, and environmental factors. So, dementia can affect a person in many different ways, but what connection do these varying cognitive symptoms have with us as a person, as a self? In order to answer this question we have to clarify just what it is we mean by a 'self'. This is the task of the next three chapters, in which we consider various philosophical approaches to the notion of selfhood.

3: The self and dementia: the identity and no-self views

“I start thinking about something intently and then my thoughts wander through fields of memory and I bob to the surface suddenly wonder for a moment who I am, and whether I have truly lost my mind.”²⁹

3.1 The self introduced

In the previous chapter we came to an initial characterisation of Dementia. We considered symptoms, progression, neurological features, and the different types of dementia. Indeed, we came to what might be, arguably, characterised as an objective description of Dementia. However, our discussion said nothing of what it is like to have dementia, or how dementia affects a person as a person. In other words, we examined the scientifically observable, and inferred, particularities of dementia, but did not consider it as a whole; as a particular condition for human beings. One such human being was Thomas DeBaggio, who was diagnosed with Alzheimer’s in 1999. In *Losing My Mind*, a quotation from which prefaces this chapter, he describes the progression of the disease, its impact on his life and family, and its impact on his perception of the world around him. De Baggio felt that he was losing himself. To lose a self clearly presupposes an understanding of what it means to be a person. For if we do not know the essential features of human experience, how can we know how they would be altered by an illness such as dementia? We will therefore turn to an examination of different theories of the self, and to some expressions of these views of self in the literature of the philosophy of dementia.

But first, why are theories of the self particularly pressing when it comes to theorising about dementia? Well, in the medical and philosophical literature covering dementia, and in clinical practice, one often comes across expressions such as “behavioural changes”, “personality changes”, “becoming a different person”, “loss of self”, and “loss of identity”. These expressions can in varying instances apply to how a person with dementia sees him- or herself, and also to how family, friends and caregivers see the person suffering from dementia. As we have seen above the various forms of dementia can change both a person’s ability to remember their loved ones, and also change their behaviour to the point that family might express exasperation at the “person not being the person they were”. Indeed, if you cannot remember your loved

²⁹ Thomas DeBaggio, *Losing my mind*, (New York: The Free Press, 2002), 13.

ones, your habits are changed, and/or your moods change considerably, to what extent can you be identified as the same person?

There are many different theories of what it means to be a person, or a self. Do we essentially consist of a thinking essence, a transcendental subject, a self-narrated structure, or (merely) a stream of experiences? Is there a core self, some definable characteristic(s) which allow for any experience? Or are our selves continually evolving structures, in which no core can be found? Are our selves merely a reflection of the cognitive capacities of the brain, or must we study ourselves in relation to language, culture and community? But, most importantly for the present topic: if we do not know what a self consists in, then how can we characterise how it is altered?

Many different philosophers have proposed many different answers to these questions. Indeed, recently some philosophers have tried to map out how many distinct views of the self there are in the literature; Neisser arriving at five, and Strawson at twenty-one distinct theories of the self.³⁰ For reasons of overall structure, and the representation of views of the self and dementia in the literature, our investigation will revolve around four different types of theories of the self, which will be examined in turn: an identity view, a no-self view, both discussed in Chapter 3, a phenomenological and narrative view, discussed in Chapter 4 and a hermeneutical view, introduced in Chapter 5. In making these distinctions I am following Zahavi, who in "Subjectivity and Selfhood" distinguishes between and discusses three different types of perspectives on the self: "A Kantian Perspective: The Self as a Pure Identity-Pole", "A Hermeneutical Perspective: The Self as a Narrative Construction" and "A Phenomenological Perspective: The Self as an Experiential Dimension".³¹ However, I have broadened the identity conception to include Descartes and Locke. And I have added another purely negational view of the self; the no-self conception; both because it allows for a fruitful discussion of the self in general and because it is represented in the philosophy of dementia.

Now, before we begin our examination of the varying conceptualisations of the self, we should perhaps pause to consider what we mean by self in general. While this will of course rely on our individual theory of the self, an intuitive glance at what is

³⁰ Dan Zahavi, *Subjectivity and Selfhood*, (Cambridge: The MIT Press, 2008), 103.

³¹ Ibid, 104.

involved will help our discussion. The Oxford Dictionary of Philosophy defines the self as: "The elusive "I" that shows an alarming tendency to disappear when we try to introspect it."³² As the definition makes clear, the individuation of the self is a remarkably tricky task, which is perhaps reflected in the amount of uncertainty in the conclusions of the articles we will examine in this chapter. However, whatever model of the self we espouse there is individuation involved. Whether this individuation is elusive or strictly determinable, there is something separating a "me" from the other. The self might be initially characterised as the minimal structure, underlying conditions, or principle of individuation, allowing us to be characterised as a person, one being. Furthermore, while some say the self underlies experience, and others that the self is inferred from it, the self is clearly connected to our experience as such. In short, theories of the self pertain to the individuation of experience, in some way characterising the vantage point through which we live.

3.2 The self as self-identity

The first category of theories of the self we will examine, is the self seen as self-identity. This is a generalisation for conceptions of the self where there is a distinct subject differentiated from the world, with clear boundaries. For Descartes this differentiation is made on the basis of distinct substances, for Locke it is based on the application of our consciousness, and for Kant it is based on the transcendental conditions which allow for experience.

The story of the self is often said to have begun with Descartes who stated that: "But what then am I? A things that thinks? A things that doubts, understands, affirms, denies, wills, refuses, and that also imagines and senses."³³ We see here the monumental importance Descartes lays on subjectivity. Indeed, in many ways he defined the modern notion of subjectivity. The first-person perspective along with introspection are of paramount importance to Descartes; the only things we can know regardless of our experience in the world.

Now, Descartes distinguishes a thinking essence from the body, which is not seen as essential to the self. In short, our self is based on our soul, a different substance,

³² Simon Blackburn, *Oxford Dictionary of Philosophy*, (Oxford: Oxford University Press, 2008) 331.

³³ Rene Descartes, "Meditations on First Philosophy: Meditation Two", In *Modern Philosophy: An Anthology of Primary Sources*, edited by Roger Ariew and Eric Watkins, (Indianapolis: Hackett Publishing Company, 1998) 31.

which persists through time. This is contrary to any theory of the embodiment of the mind, any theory situating the mind in the brain. Though we must note that Descartes places the interaction of the substances in the brain; more precisely in the pineal gland.

Without going into great detail it is worth noting some of the problems with Descartes' view of the self. When it comes to Descartes there is much dispute over his distinction between the body and soul as two distinct substances. This problem of interaction has been discussed at great length throughout the literature, and suffice it to say that the problem rests on how something without any physical dimension can affect the material. Furthermore, as we saw in the second chapter this theory does not, without modifications, allow for the recent discoveries in neuroscience, whereby specific functions of our minds are located in specific areas in our brain.

Partly in response to these challenges Locke argued that while self-identity is based on consciousness it does not depend on a separate substance: "That with which the consciousness of this present thinking thing *can* join itself, makes the same person, and is one self with it, and with nothing else; and so attributes to itself, and owns all the actions of that thing, as its own, as far as that consciousness reaches, and no further."³⁴ Furthermore, Locke argues that what allows self-identity to persist through time is the capacity to attribute actions to itself in the past: in other words memory, a particular part of our self-consciousness. This allows us to bind together events in time, and become conscious of ourselves as something distinct. "This personality extends *itself* beyond present existence to what is past, only by consciousness, by which it becomes concerned and accountable, owns and imputes *itself* past actions, just upon the same ground and for the same reason it does the present."³⁵

Now, Locke's reliance on self-consciousness and memory has had a great influence on modern theories. However, it also faces some complications. We must consider the reliance on memory which might be faulty. But we have to distinguish between actual and apparent memories. As Solomon puts it: "to do this we would have to say that the

³⁴ John Locke, "Essay Concerning Human Understanding: Chapter XXVII. 17.", In *Modern Philosophy: An Anthology of Primary Sources*, edited by Roger Ariew and Eric Watkins, (Indianapolis: Hackett Publishing Company, 1998) 326.

³⁵ *Ibid*, 328.

memories are in fact the correct memories *of that person*.”³⁶ But then we must explain self-identity by way of memory, and the validity of memory by appealing to self-identity through time. One answer to this challenge would do away with the coherence of the self, as does Hume, or broaden the composition of this self from consciousness to include community and language as in the hermeneutic view. So, while this argument might meet many objections, we will press on and briefly examine Kant’s conception of the self, before examining the applications of this tradition of a definitional conception of the self.

For many it would seem strange to include Kant’s conception of the self within the tradition of as diverse figures as Descartes and Locke. Indeed, he is often seen as revolutionising the western philosophical tradition with his synthetic a priori and his fusion of empiricism (Hobbes/Locke/Hume) and rationalism (Descartes/Leibniz/Spinoza). For whereas Descartes thought our self based on a thinking essence separated from the material world; and Locke placed our self constituted in the material world through our consciousness; Kant makes the transcendental self the condition of any experience whatsoever, more dramatically formulated as the condition of the world. However, Kant shares with Descartes and Locke a defined, structural conception of the self, based on the disclosed first person perspective.

So, what does Kant mean by this transcendental self? Firstly, for Kant we must distinguish between what is our empirical ego and our transcendent ego, the former being our looks, thoughts and memories, while the latter is the form of any possible experience. This structure can be inferred from the way in which we experience the world, as the necessary conditions of our experience. As Zahavi puts it: “Instead of being something that can itself be given as an object of experience, it is a necessary condition of the possibility for (coherent) experience. We can infer that it must exist, but it is not itself something that can be experienced.”³⁷

³⁶ Robert C. Solomon, *Introducing Philosophy*, (Oxford: Oxford University Press, 2005) 339.

³⁷ Zahavi, *Subjectivity and Selfhood*, 104.

3.3 The self-identity conception of the self and dementia

With respect to “identity theories” of dementia, one question frequently asked is under which conditions does it make sense to speak about a “loss of self”, or a “loss of personal identity”. We will now examine two distinct expressions of this view, drawing on what kind of theories of selfhood and personal identity that underlie them. Indeed, as we will see below these texts are centred on what kind of self allows for what they see as the pinnacle distinction in distinguishing us as selves.

Firstly, we will start by examining Lowe’s argument in “Can the self disintegrate? Personal identity, psychopathology, and disunities of consciousness.”³⁸ Here he examines whether or not the philosophical doctrine of “unity of consciousness” is compatible with the changes occurring in dementia. Lowe formulates the doctrine as “taken as implying that the conscious thoughts and feelings of the same person must be recognisable by that person as being uniquely their own thoughts and feelings and, as such, unmistakable for the thoughts or feelings of someone else.”³⁹ In short, this doctrine tries to accommodate for our intuition that we are “strongly unified beings.”⁴⁰

In discussing this doctrine Lowe draws on especially Hume, Locke and Kant’s theories of selfhood. As we remember for Locke coherence is important: “thinking intelligent Being, that has reason and reflection, and can consider itself as itself, the same thinking thing in different times and places.”⁴¹ Hume’s conception on the other hand describes a mind, which is seen based on the idea of a bundle of perceptions linked together by our natural urge towards unity. And as we have seen, for Kant the self is the transcendental condition for experiences, and all experiences must be accompanied by an “I” which experiences. In Kant’s own words “It must be possible for the “I think” to accompany all my representations.”⁴² In the face of these theories of selfhood, Lowe considers cases of dementia, and particular the instances of split awareness, whereby one is aware of a feeling or pain, without necessarily being aware

³⁸ E. Jonathan Lowe, “Can the self disintegrate? Personal identity, psychopathology, and disunities of consciousness”, In *Dementia: mind, meaning, and the person*, Edited by Julian C. Hughes, Stephen J. Louw and Steven R. Rabat, (Oxford: Oxford University Press, 2006)

³⁹ Ibid, 89.

⁴⁰ Ibid, 89.

⁴¹ Ibid, 94.

⁴² Kant in Lowe, “Can the self disintegrate? Personal identity, psychopathology, and disunities of consciousness”, 100.

of oneself as the subject experiencing it, or as Lowe puts it “lack of co-consciousness between conscious states of the same person.”⁴³

Of the different characterisations of selfhood Lowe considers Locke’s and Kant’s to be closest to the mark. He regards Hume’s conception as too narrow. While not negating the possibility of moments of “split awareness” it is arguably too narrow in not including any kind of self-consciousness. Lowe sees it is as more apt for “non-self-reflecting animals and very young infants.”⁴⁴ As for Locke’s theory, the aforementioned “split awareness” might pose a problem, as it seems he has in mind a strong “unity-of-consciousness,” whereby the self recognises itself over time. Lastly Kant’s transcendental theory would seem to allow for split awareness. However as Lowe puts it “unity of consciousness in this [...] sense plausibly cannot serve to explain, because it already seems to presuppose, the unity of the self.”⁴⁵ As these points make clear Lowe does not arrive at a definite solution. Indeed he prefers to “remain agnostic and admit with all due humility that although I am as sure as I am of anything that I exist and am a strongly unified entity, I have no real grasp of *what* it is that I am. [...] Perhaps, in the end, this is what we really have to learn from so-called pathological cases.”⁴⁶

In “Keeping track, autobiography and the conditions for self-erosion” Michael Luntley addresses similar questions to Lowe. He examines Kant’s and Locke’s conception of a self, and attempts to find the conditions under which such a sense of self can erode. According to Luntley the “the basic cognitive capacities at issue concern the capacity for integrating ideas into an autobiographical unity, a unity that underpins our capacity to self-narrate.”⁴⁷ Furthermore, the simplest example of such a capacity is “temporal binding,” in short, retaining an idea through time.⁴⁸ When one loses this ability to keep track of things, Luntley argues, this “amounts to a loss of self-consciousness and thereby, a loss of self-reference.”⁴⁹ The question at hand is

⁴³ Lowe, “Can the self disintegrate? Personal identity, psychopathology, and disunities of consciousness”, 100.

⁴⁴ Ibid, 101.

⁴⁵ Ibid, 100.

⁴⁶ Ibid, 102.

⁴⁷ Michael Luntley, “Keeping track, autobiography, and the conditions for self-erosion”, In *Dementia: mind, meaning, and the person*, Edited by Julian C. Hughes, Stephen J. Louw and Steven R. Rabat, (Oxford: Oxford University Press, 2006) 105.

⁴⁸ Ibid, 105.

⁴⁹ Ibid, 105.

what model of a self allows for this capacity, the inferential unity of ideas in time, and whether or not this self can be said to be lost in dementia.

Following the discussion of temporal binding, Luntley questions how Locke and Kant accommodate for this faculty. According to Luntley Locke argues for a self in which a consciousness has access to ideas over time, through retention in memory.⁵⁰ So to be the same self is to have access to the same ideas at different points in time. This Luntley argues, “permits [...] degrees of retention and personal identity thus becomes a matter of degree, not an all-or-nothing affair.”⁵¹ Furthermore, this allows for the possibility to individuate ideas independently of their owner. And consequently Luntley argues that “[...] it is well known that many Ideas can only be individuated with respect to the subject, for example, demonstrative ideas.[...] Such ideas do not survive independently of the subjects point of view. Such an individuation of ideas is not then available to the Lockean.”⁵²

As opposed to this Lockean conception of the self, Luntley offers his interpretation of Kant. According to this model it is the self that individuates the ideas: indeed “[f]or the Kantian, a condition on the unity of inference is the possibility of the relevant ideas being accompanied by the “I think”.”⁵³ So the self is that through which ideas are differentiated, allowing for the self persisting over time as the capacity to self-narrate. This Luntley sees as preferable to the Lockean model, where the ideas are seen as independent from the self in question. In short, Luntley argues for a conception of the self that has as its most important characteristic the capacity to keep track of things through an inferential unity. But what are the implications of this theory when it comes to dementia?

If keeping track of things is the basic capacity of the self, then when one loses track of things the self could be eroded. Luntley gives the example of a patient who cannot keep track of: (1) I was thirsty, (2) I have had a drink, through to: (3) I am not thirsty now.⁵⁴ It is important to note that Luntley stresses that this is a theoretical model, not an example where empirical verification, or relevance is an issue. However, what is at issue is profound forgetfulness:

⁵⁰ Ibid, 108.

⁵¹ Ibid, 108.

⁵² Ibid, 112.

⁵³ Ibid, 117.

⁵⁴ Ibid, 112

[it] is a forgetfulness that amounts to a failure to bind Ideas over time. [...] The acquaintance relation manifests the way Ideas of objects are bound over time by a self, not because the acquaintance relation presupposes a primitive prior reference to the self, but because the self is that which is made manifest by the existence of temporally extended acquaintance relations.⁵⁵

So, according to Luntley, in a case where profound forgetfulness is apparent the self can be eroded. Luntley concludes that “[for] such a patient there is no judgement taking place, because there is no self as judge – the self that tracks, attends to, and makes acquaintance with things.”⁵⁶ However, Luntley insists that his theory is only theoretical, and whether it actually fits empirically is another matter.⁵⁷

Here Luntley comes to a stronger conclusion than Lowe. It is important to note how these arguments are formulated, and particularly the theories of selfhood which underlie them. As we saw in both instances this kind of argument argues for a particular conception of the self, or identity, which is then retained, lost, or fractured, during dementia. According to Lowe and Luntley the key features of the self are unity of consciousness and the capacity to self-narrate. In short, these authors postulate a definition for what it is to be a person, self, or self-conscious, and discuss when this definition is no longer in play. And perhaps the most striking aspect of these theories is that they often come up with a somewhat agnostic conclusion.

3.4 The no-self view: self as a fictional construct

The difficulties of finding a definitive, encompassing, theory of the self have led many to reject the conception of the self altogether. The most influential and well-known of these denials is Hume’s:

I may venture to affirm of the rest of mankind, that they are nothing but a bundle or collection of different perceptions, which succeed each other with an inconceivable movement. [...] The mind is a kind of theater, where several perceptions successively make their appearance; pass, repass, glide away, and mingle in an infinite variety of postures and situations. There is properly no *simplicity* in it at one time, nor *identity*

⁵⁵ Ibid, 119

⁵⁶ Ibid, 120.

⁵⁷ Ibid, 119

in different; whatever natural propensity we may have to imagine that simplicity or identity.⁵⁸

So, according to Hume, the self is a fictional conception. He argues that we are particularly influenced by our perception of constancy in the spatio-physical realm, and posit this kind of constancy to the mental. However, in the physical realm all we need to posit identity in the case of something being very similar, though we would say that a tree is the same it does of course change over time. In the same way, there is no such thing as a self, if we by self mean constancy over time. In short, according to Hume there is no self to be found in self-consciousness, just a constant flux of experience.

As we can clearly see such a rejection of a coherent conception of the self would invalidate the conclusions of both Lowe and Luntley. Indeed, based on Hume's conception of human nature we necessarily change through time, there is no core self, or transcendental conditions that allow for a unity of the self. This unity is only something we have a natural propensity to construct. So, arguably instead of a dissolution of the self in the instance of dementia, we are merely no longer able to apply our natural propensity to form an identity in the same manner.

This kind of critique of a strict self-identity is similar to the one Lesser has argued in "Dementia and personal identity."⁵⁹ He argues that although what we might perceive in dementia is a change in the self, fundamental change is part of our necessary human condition: "if we were not changing beings, we would not decline, but we also would not develop. So we have to accept not only that being liable to decline is part of being a person, but also that we could only avoid being liable to decline if we were unchanging beings who could cease at some point to have a future."⁶⁰ Indeed, he argues that the idea that we could not decline is unintelligible; therefore it is a necessary part of being a person. And, (while this might not be much comfort to viewing dementia?), it is nonsensical to argue that decline is not included in being a

⁵⁸ David Hume, "A Treatise on Human Nature: Section 6", In *Modern Philosophy: An Anthology of Primary Sources*, edited by Roger Ariew and Eric Watkins, (Indianapolis: Hackett Publishing Company, 1998) 567.

⁵⁹ A. Harry Lesser, "Dementia and personal identity", ", In *Dementia: mind, meaning, and the person*, Edited by Julian C. Hughes, Stephen J. Louw and Steven R. Rabat, (Oxford: Oxford University Press, 2006) 55.

⁶⁰ Ibid, 60.

person. Therefore, it is not helpful to view a person as core structural self, as it does not allow for a necessary human feature.

Now, one can argue that this argument is circular. Just because human beings do in fact decline, this does not mean that it is an essential part of what it means to be one. Indeed, this conception of the self seems parallel to the self-identity theories above, for instead of postulating a condition for the experience of the self, it looks for a conception of a person which allows for our experiences of persons as such. However, in a similar manner to Hume, Lesser points out that change is an essential part of being a person. (Though for Hume this essence is a fictional conception to begin with.) This can be contrasted with the Locke and Kant's theoretical followers Luntley and Lowe, who characterise the essence of the self as some kind of faculty, either our capacity to form an identity, or our capacity to be aware of the I which must necessarily accompany our thoughts.

Indeed, the identity view often sets as its goal to postulate philosophical conditions for what it means to be a self, person or have an identity, and then examines when this may no longer be the case. Furthermore, a critique of such a view denies a situation whereby our self is not meaningful after fundamental change. Now, we have seen that both these conceptions have their limitations. The first seems to draw too strict a distinction between what is a self and what is not a self, and the negation of the self does not seem to be a helpful way of characterising our experience of ourselves as unitary beings.

The validity of these conceptions will now be examined by contrasting them with the two subsequent theoretical frameworks of the self: a hermeneutical or narrative and a phenomenological conception. These will be seen to necessarily allow for a "broader" conception of the self; which characterises a composition of the self relying on our interaction with the world, relationships, our language and meaning-making.

4: The self and dementia: A Phenomenological and narrative conception

4.1 Broader conceptions of the self

We will now move on to broader conceptions of the self and identity where relationships, language and interacting in the world are seen as important: a phenomenological perspective and a hermeneutic perspective. We will see how these varying conceptions have been used in theorising about dementia, and how they can accommodate a variety of symptoms and questions which arise through the empirical study of dementia. We will then, in the next chapter, go into greater detail about one particular phenomenological conception of the self: Heidegger's Dasein.

The theories of the self we will be examining next are largely influenced by continental philosophy since Kant. In broad terms they represent a turn away from the logical structural unity of an internal self, separated from the world; to include relationships, language and the world in general. Furthermore, they also have more constitutive and structural features than Hume's denial of the self.

The story of the self told in the last chapter progressed from Descartes' self identity, through Kant's transcendental self and concluded with Hume's denial of the self. Now we will move on to the phenomenological conception of the self, before describing the hermeneutical self, after which we will examine these conceptions of the self in relation to dementia. The hermeneutical self, often described as a narrative view of the self, will be described after the phenomenological as it builds on a specific part of the phenomenological: the hermeneutical theory of understanding.

4.2 The phenomenological self

What do we mean by a phenomenological conception of the self? The story of phenomenology is often said to begin with Brentano and Husserl. Both philosophers sought a method by which to arrive at an understanding of our consciousness by way of description, rather than explanation.⁶¹ Furthermore, Brentano sought to employ descriptive psychology as a foundation of philosophy, as he argued the physical world is only accessible through our mental acts: "Our mental phenomena are the things which are most our own."⁶² Therefore, we must study our mental activity: "we will

⁶¹ Dermot Moran, *Introduction to Phenomenology*, (London: Routledge, 2000), 33.

⁶² Franz Brentano In Dermot Moran, *Introduction to Phenomenology*, (London: Routledge, 2000), 34.

have to show, in general, the nature of the objects of our psychical activities, and [the nature] of the differences of modes of relation in which we relate to them psychically.”⁶³ This leads us to an investigation of the self, on the basis of our psychological acts and how they relate to each other.

Husserl, greatly influenced by Brentano, also sought to resurrect philosophy as a science, and he sought apodictic truths on which to base it. In a similar manner to Kant, Husserl sought out (formal) structures relating to our experience. But whereas Kant’s theory aims at showing universal and necessary structures for any experience, the transcendental self, Husserl used phenomenology as a method in order to investigate our consciousness as such. As Solomon puts it:

As opposed to Descartes and Kant (as well as Fichte and Hegel), Husserl’s phenomenology is an appeal not to deduction or dialectic but directly to “evidence”, not the evidence of the senses but of the consciousness as such, “apodeictic” evidence that can be directly intuited, with a specially trained method of philosophical investigation.⁶⁴

Husserl’s study of our consciousness led him to suspend what is often intuitively taken to be real and not-real, in his words “parathesize” the making of a judgement.”⁶⁵ Through this suspension of judgement Husserl arrives at the distinction between the noetic and the noematic structures of our consciousness. Simply put, the former signifies the mental processes involved, and the latter the content of these processes. The specifications of how these structures interact is the subject matter of phenomenology. Furthermore, this gives us an insight into what kind of perspective on the self we arrive at:

The Ego [...] “lives” in such acts. Its living in them signifies, not the being of some “contents” or other in a stream of contents, but rather a multiplicity of describable manner in which the pure Ego, as the “free being” which it is, lives in certain intensive mental processes, those which have the universal *modus cogito*.⁶⁶

⁶³ Franz Brentano, “Intentionality and the Project of Descriptive Psychology” In *The Phenomenology Reader*, Edited by Dermot Moran and Timothy Mooney, (London: Routledge, 2002), 53.

⁶⁴ Robert C. Solomon, *Continental Philosophy since 1750: The Ruse and Fall of the Self*, (Oxford: Oxford University Press, 1988), 131.

⁶⁵ Edmund Husserl “Noesis and Noema” In *The Phenomenology Reader*, Edited by Dermot Moran and Timothy Mooney, (London: Routledge, 2002), 145.

⁶⁶ Husserl “Noesis and Noema” In *The Phenomenology Reader*, 143.

So moving from the particular to the general, we can see that a phenomenological conception of the self involves a study of our conscious life as such. Indeed, as opposed to the identity conception we examined above, we are here suspending our common distinction between the subjective and objective, rather than using this distinction as our basis for our conception of the self. As we shall see, this conception of the self allows us to study alterations of the consciousness, such as dementia, without first presupposing a structure of the consciousness which does not necessarily allow for these alterations.

Now, while there have been many different developments of a phenomenological conception of the self we can now arrive at an initial characterisation which will guide us in our later discussion of the hermeneutic self, and more importantly Heidegger's conception of the self. This phenomenological method seeks a description of our conscious life, and conscious acts without presupposing an objective model to contrast it with. As Zahavi puts it a phenomenological perspective of the self can be characterised as follows:

The self is claimed to possess experiential reality, is taken to be closely linked to the first-person perspective, and is, in fact, identified with the very first-personal *givenness* of the experiential phenomena. [...] In short, the self is conceived neither as an ineffable transcendental precondition, nor as a mere social construct that evolves through time; it is taken to be an integral part of our conscious life with an immediate experiential reality.⁶⁷

4.3 The narrative self

The narrative conception of the self, while long in the making, is a rather more recent conception of the self, formulated on the basis of the philosophy of Ricoeur and MacIntyre. A narrative conception of the self, sees the self as intrinsically constituted by how we structure a story of our lives. Simply put, the question of the self becomes the question of how we constitute the stories of our lives. This is because, as Zahavi puts it "our actions gain intelligibility by having a place in a narrative sequence."⁶⁸

⁶⁷ Zahavi, *Subjectivity and Selfhood*, 106.

⁶⁸ Zahavi, *Subjectivity and Selfhood*, 107.

And as such, a proponent of a narrative theory of the self would argue that if one disregards the narrative then any proposed theory of the self must fail.⁶⁹

The theory of the narrative self has amongst its influences the hermeneutic theory of understanding, as developed by Heidegger and Gadamer. As we shall see below, Heidegger believed that understanding always involves a pre-understanding of what is involved; we have to presuppose something in order to understand.⁷⁰ Building on this Gadamer believed that our prejudices, rather than our judgements, are needed for understanding: "Prejudices are biases of our openness to the world. They are simply conditions whereby we experience something."⁷¹ Notice the very distinct break with Kant. Our understanding is not rooted in judgement, but on prejudice; and a necessary prejudice at that.

So, from the theory that any understanding involves an interpretation, we can move to the proposition that any understanding of the self involves an interpretation of the self. For a narrative theorist the self must include an interpretation of *who* we are, and this story is structured in the form of a narrative of what we have done, and our future aspirations. Furthermore, this story is not constructed in isolation, but involves other narratives and language, with which we construct the narrative. The varying emphasis on constitutive factors, varies from theorist to theorist, but the underlying argument is the same; the self as structural narrative.

4.4 The narrative self and dementia

Now we will discuss the narrative conception of the self in relation to the philosophy of dementia. We start with Radden and Fordyce's discussion of identity in "Into darkness: losing identity with dementia"⁷². Following Ricoeur the authors use the distinction between *ipse* and *idem* aspects of identity to criticise a Lockean "traditional" view of selfhood. In order to clarify this view we will first introduce the *ipse/idem* distinction, before going on to their discussion of narratives.

⁶⁹ Ibid, 107.

⁷⁰ Moran, *Introduction to Phenomenology*, 237.

⁷¹ Hans Georg Gadamer In Dermot Moran *Introduction to Phenomenology*, (London: Routledge, 2000), 278

⁷² Jennifer Radden and Joan M. Fordyce, "Into the darkness: losing identity with dementia" In *Dementia: mind, meaning, and the person*, Edited by Julian C. Hughes, Stephen J. Louw and Steven R. Rabat, (Oxford: Oxford University Press, 2006) 71.

Starting with perhaps the most conventional concept: *Idem* signifies “sameness identity”⁷³ which signifies, a hierarchy of significations, of which permanence in time constitutes highest order.⁷⁴ *Iipse* identity is on the other hand concerned with what is different; it involves “the dialectic of *self* and *other than self*.”⁷⁵ So selfhood is not just a matter of identity, but also of contrast, the self implies otherness.⁷⁶ Radden and Fordyce argue that this notion of selfhood might enlighten our approach to dementia: “When all thought processes and memory appear to have been eroded, there might yet be sense to speaking of the person with dementia as remaining themselves “inasmuch as being another.”⁷⁷ On the basis of this conceptual framework, the authors then go on to discuss recognition and narratives.

According to Radden and Fordyce the construction of a narrative is key for the constitution of the self. However, this narrative is not arrived at selectively by the self, but rather emerges from the interaction of a person within a community. Indeed, they argue:

These identities are constituted, it is widely agreed, by a complex interaction between first-, second-, and third-person perspectives. [...] The very self-awareness required to possess an identity depends upon and grows out of the contribution, and particularly the recognition, of other persons, as well as deriving from otherness as such.⁷⁸

So the self is here seen as constituted by a self-narrating structure, interacting with other narratives, in a community. Furthermore, this narrative is also complemented by the interaction with “otherness as such,” something not theoretically assimilated, but which connects us through our recognition of something different. Indeed, following recent theoretical developments in political philosophy especially, the authors draw on the notion derived from Hegel of the need to be recognised, both by communities and by individuals. Recognition is here not merely seen as a moral question, but also a psychological inclination whereby the self recognises the other. In this regard it could

⁷³ Ibid, 72.

⁷⁴ Ibid, 72.

⁷⁵ Paul Ricoeur In Radden and Fordyce, “Into the darkness: losing identity with dementia”, 72.

⁷⁶ Radden and Fordyce, “Into the darkness: losing identity with dementia”, 72.

⁷⁷ Ibid, 72.

⁷⁸ Ibid, 74.

even be said to be self-constituting. So what are the implications of these reflections for the philosophy of dementia?

Fordyce and Radden argue that their Ricoeurian influenced model of the self can accommodate for our intuition that aspects of the self are still around even after one has suffered from much memory loss and personality changes. Firstly, the notion of a narrative version of the self allows for one perpetually constructed self, whereby alteration is not necessarily a loss of self. Secondly, this self-narrative is also influenced by others' recognition of its otherness, whereby others can act on the continual construction of the self. As the authors argue "[...] breaking the Lockean concepts and instead acknowledging the self "as another" in Ricoeur's words, has revealed ways to salvage for a little longer a little more, not only the sameness of the dementia sufferer but also, perhaps, aspects of their *ipseity* or selfhood."⁷⁹ However, it should be noted that also their conclusion is far from bombastic, showing the need for a more developed view of the idem/ipseity construction of the self, and the narrative development.

Now we will examine Aquilina and Hughes' discussion of the self in "The return of the living dead: agency lost and Found?" In this article they describe some of the caregivers and family responses to severely demented patients. First they discuss studies of caregivers who have been found not to interact on a personal level with severe dementia. Indeed, a study by Tappen et al. found that "nursing staff frequently avoid all but task-oriented communication with people in the latest stages of the disease on the assumption that the severely demented experience life as meaningless."⁸⁰ However, family and caregivers have also reported patients as still having a strong awareness of themselves and their surroundings, especially in what is described as lucid episodes. In short, the complex and diverse clinical phenomena one comes across with demented people suggest we need a complex view of self which can accommodate these diverse intuitive perceptions of selfhood in demented patients.

⁷⁹ Ibid, 85.

⁸⁰ Tappen et al. In Carmelo Aquilina and Julian C, Hughes "The return of the living dead: agency lost and found?" In *Dementia: mind, meaning, and the person*, Edited by Julian C. Hughes, Stephen J. Louw and Steven R. Rabat, (Oxford: Oxford University Press, 2006), 144.

For simplicity's sake Aquillana and Hughes propose two broad models for understanding the self, with an "inner" self and an "outer" self:

- (1) the private subjective experience of being self-aware, which is seemingly dependent on biological structures;
- (2) the public observable aspects of self, which depend on psycho-social structures including social relations, culture, and language.⁸¹

These models supposedly show an intuitive view many have of demented patients. However, while these two models of the self are supposed to bring out different views of seeing the self in relation to dementia, the authors go on to argue that there can be no strict dichotomy between the two. Furthermore, the interconnected complex nature of the self is argued to be a reason to suppose that the failure of one single capacity such as "agency" is not enough to lose a self.

Aqallana and Hughes see the first view of self as emerging from a Cartesian and Lockean tradition that places a strict dichotomy between agent and world. The problem with strictly following this view is that one might dehumanise a demented person, in the case where the "inner" self is no longer accessible, where agency seems lost. However, as Aqallana and Hughes argue, the "inner" self, which contain a person's memory and personality, cannot be separated from the interpersonal environment. Furthermore, "the outer self is manifested through interactions with the external world. It is therefore manifest both by the people who relate to the person with dementia, as well as by the changes in behaviour and language of the person with dementia."⁸² So both selves are seen as mutually dependent and inseparable: "Our inner states are manifest by outer behaviour. Our shared understanding of outer characteristics is a prerequisite of meaningful language. Outer behaviour, that is, requires shared (inner) understanding."⁸³

The interaction between "inner" and "outer" selves brings the authors to briefly consider the embodied view of a self. The embodied view is used to further criticise the view of an "inner" self, showing instead that the self is always situated. This line of thinking draws on aspects of Merleau-Ponty's thinking which we will consider in

⁸¹ Ibid, 150.

⁸² Ibid, 152.

⁸³ Ibid, 154.

more detail below. The important thing to notice here is the questioning of the different view of self. Finally, Aquallana and Hughes go on to consider when a demented person can be said to lose agency. They come to the conclusion that this can never be separated from a specific context, theoretically described and stripped of human significance: “The intentional nature of an action is, on this view, given by its embedding context. So even in severe dementia the patient can still be regarded as a person.”⁸⁴

Now, in the same way we saw similar structures of argumentation for the varying identity theorists, we can here see some similar theoretical developments between Aquallana and Hughes, and Fordyce and Radden. Indeed, both articles state the need for an expanded view of the self. Furthermore, they agree as to the need to take into account continental developments in philosophy, and to externalise to varying degrees both the self, and the contributing factors to shaping a self, especially noting the interacting elements.

4.5 A narrative and phenomenological fusion

Finally, before we go on in the next chapter, to our investigation of Heidegger’s conception of the self, we will turn to Widdershoven and Berghmans, who draw on both the narrative and the phenomenological conception of the self in their discussion of dementia. In “meaning-making in dementia: a hermenutic perspective”⁸⁵ they draw our attention to hermeneutic and phenomenological tools in order to understand some of the aspects we encounter in the empirical and clinical study of dementia. Rather than drawing on a particular view of the self, they point out certain processes involved in human experience, particularly a hermeneutic model of understanding and mood, in relation to advance directives.

Advance directives are documents constructed by a patient and a caregiver in anticipation of a future situation where the patient is no longer able to decide on treatment. They postulate such things as what amount of life-prolonging treatment the patient will be given. And, although not widely used in dementia care, they offer

⁸⁴ Ibid, 158.

⁸⁵ Guy A. M. Widdershoven and Ron L. P. Berghmans, “Meaning-making in dementia: a hermenutic perspective” In *Dementia: mind, meaning, and the person*, Edited by Julian C. Hughes, Stephen J. Louw and Steven R. Rabat, (Oxford: Oxford University Press, 2006) 182.

difficult questions in relation to a patient's understanding of future demands regarding decisions in their treatment.⁸⁶

While the particularities of mood and understanding will be discussed below, as these are aspects of Heidegger's existential characterisation of the self, a brief description of their argument will be helpful. In a similar manner to the hermeneutic theories of dementia discussed above, Widdershoven and Berghmans argue that understanding of a person with dementia is not a question of an underlying fundamental capacity, but rather connected to the environment within which the person finds themselves. As such, certain processes of comprehension for the person with dementia might alter but there is no clear break between comprehension and the loss of it:

Processes of meaning-making are not the result of conscious calculations or decisions by the individual; they precede such activities and serve as their foundation. In dementia, meaning-making becomes problematic. Common ways of understanding often tend to break down. Perspectives, which used to be shared, may drift apart.⁸⁷

As such, Widdershoven and Berghmans do not draw on a comprehensive theory of the self, but rather on aspects of a hermeneutic and phenomenological theory of understanding. Their conclusions, however, tie in with the phenomenological explication of Dasein which will follow, although they are not part of a comprehensive view of the self. In so far as they describe certain characteristics of the phenomenological interpretation of experience, they differ from the more broad view of a narrative structure, and the identity views. However, in order to grasp the theoretical implications of such characteristics of the understanding for dementia, we must in what follows first closely examine Heidegger's structure of the self as being-in-the-world, through which such theory of understanding has emerged.

⁸⁶ Ibid, 188.

⁸⁷ Ibid, 190.

5: Heidegger's Dasein: An ontological examination

5.1 Being and Time: Heidegger's methodology

In this chapter we will consider Heidegger's theory of Dasein in *Being and Time*. First it must be noted that the primary purpose of this chapter is not to critically analyse Heidegger's conception of Dasein, but rather to render it intelligible for our application of it to the study of dementia. More specifically, to examine the parts of his theory which give us an understanding of a phenomenological conception of the self. By way of introducing Heidegger's philosophical theory, we can pause briefly to consider his harsh criticisms of the psychology and biology of his time. In *Being and Time* he states that:

We must show that those investigations and formulations of the question which have been aimed at Dasein heretofore, have missed the real *philosophical* problem (notwithstanding their objective fertility), and that as long as they persist in missing it, they have no right to claim they *can* accomplish that for which they are basically striving. In distinguishing the existential analytic from anthropology, psychology, and biology we shall confine ourselves to what is in principle the ontological question.⁸⁸

By the end of this chapter we will have arrived at an explanation for why Heidegger believed psychology was deficient, what he means by the ontological question and the existential analytic, and most importantly at an understanding of Heidegger's theory of the fundamental structures of human existence. We will mainly be dealing with the first part of *Being and Time*, as this part introduces us to the most general structures of Heidegger's conception of self, which we will be applying later. Firstly, I will introduce Heidegger's project in *Being and Time*, and his understanding of some of the most important terms used such as ontic, ontological, and existential. Then, I will explain the compound Being-in-the-world, in relation the world in which Dasein finds itself, and the existential structures for this existence. And thirdly, we will come round full circle, in good Heideggerian tradition, to revisit these opening remarks, and anticipate some of the uses of Heidegger's existential analysis of Dasein for a philosophical, psychological, and neurological understanding of dementia.

⁸⁸ Martin Heidegger, *Being and Time*, Translated by John Macquarrie and Edward Robinson, (Oxford: Blackwell Publishing House: 2008), 71.

Let us now turn to Heidegger's *Being and Time*. We will here focus on Heidegger's existential analysis of Dasein. However, before we begin it is important to note some of the semantic and conceptual difficulties one comes across while interpreting Heidegger. In order to understand these, the word Dasein is a good place to start. The reason Heidegger turns to the study of Dasein is his realisation that Dasein is the "being to whom the question of being comes into question." In other words, a being that raises questions considering its manner of existence. Dasein, literally meaning being-there, has often been taken as being short hand for man, or person. However, we should remember that one of Heidegger's explicit intentions in *Being and Time* was to try to get rid of a lot of conceptual baggage, which he argues has kept us in the dark concerning the meaning of Being. Such concepts include subject, object, person, individual and consciousness. Here the novel term "Dasein" points towards some meaning, which is to be attained through the existential analytic of Dasein. Indeed, Heidegger often uses novel words and phrases, and while this sometimes makes the text difficult to follow, it makes it all the more important to follow it closely. Therefore, in the following explication of *Being and Time* we will stay away from terms such as subject, person, and individual, before we finally try to reconcile these distinct stories of man.

In *Being and Time* Heidegger starts out with the "question of being," but how can this question be asked? And what method should be used in answering it? Heidegger raises these problems in the introduction, where he begins by stating that the question of being "has today been forgotten."⁸⁹ Indeed, while we all have an intuitive grasp of what is involved, the importance of the question and our access to it has passed into oblivion. However, we must turn to Dasein as "This entity which each of us is himself and which includes inquiring as one of the possibilities of its Being"⁹⁰. So as Dasein raises this question, we must investigate Dasein in order to hope to grasp the question of Being in general. Furthermore, as with Husserl's investigation, Heidegger's is supposed to be pre-supposition less, as opposed to other scientific disciplines such as physics, and biology. These theories it is argued, build on basic concepts that are taken for granted. This could of course be extended to our previous encounters with the fields of neurology, psychology, and psychiatry. Heidegger insists his exploration

⁸⁹ Ibid, 21.

⁹⁰ Ibid, 21.

of Dasein is more fundamental, and in order to understand this we must first differentiate between his understanding of the ontical, ontological, existentiell, and existential.

5.2 Distinctions: Ontical/ontological and existentiell/existential

For Heidegger the difference between an ontical and an ontological enquiry can roughly be explained as the difference between enquiries into entities as entities, and inquiries into the Being of specific entities or Being in general. So whereas an ontical understanding takes the view of studying entities as entities, like ornitology, or the symptomology and neurological symptoms of dementia, ontological understanding seeks a more fundamental explanation of the Being of entities. This can be clarified by looking at Dasein, as Heidegger states that: “Dasein is ontically distinctive in that it *is* ontological.”⁹¹ In other words, Dasein is an entity that is constituted in such a way that it is capable of questioning its own manner of existence. An investigation into this constitution would be ontological, as it questions the meaning of being an entity: Dasein. So, Dasein is distinguished as an entity by being concerned about its existence. As Heidegger puts it: “Dasein always understands itself in terms of its existence – in terms of a possibility of itself, to be itself or not itself.”⁹² When Dasein questions itself, as in the literature of Sartre and Camus, in terms of its possibilities, it is engaging in an existentiell investigation. However, “[by] “existentiality” we understand the state of Being that is constitutive for those entities that exist.”⁹³ So an existential examination of Dasein is a study of the fundamental interconnected structures that make up our experience. But if the meaning of Being has been lost, from what standpoint can we approach the existential examination of ourselves?

Heidegger argues that Dasein has access to the question of Being, through the everyday way in which we find ourselves in the world. In “Dasein’s own ontical structure [...] a pre-ontological understanding of Being is comprised as a definite characteristic.”⁹⁴ So, an ontology of Dasein can be seen as giving explicit account of what we implicitly know through our everyday involvement in the world.⁹⁵ This proves to be a very characteristic structural feature in Heidegger’s argumentation,

⁹¹ Ibid, 32.

⁹² Ibid, 33.

⁹³ Ibid, 33.

⁹⁴ Ibid, 33.

⁹⁵ Christopher Macann, *Four Phenomenological Philosophers*, (Abingdon: Routledge, 2005), 64.

moving from what is ontically known to an ontologically deeper level, after which he often describes how the ontical understanding is based on, and derived from, the ontological. As we will see this level of understanding has great importance for the understanding of our human selves we arrive at. We can anticipate this by saying that the self should not be studied merely ontically, as an entity, for this would miss out on Dasein meaning constituting nature. Dasein should rather be understood ontologically and existentially, questioning what it means for Dasein to be: explicated through the holistic structure of being-in-the-world. We turn next to Heidegger's explication of Dasein in its everydayness.

In the second chapter of *Being and Time* Heidegger goes on to explicate Dasein's a priori structure as Being-in-the-world. This compound is meant to express the unitary nature of how we find ourselves in the world. While a unitary phenomenon, this compound can be highlighted by examining some of its constitutive elements: in-the-world, "who is in the mode of Dasein's average everydayness", and "Being in as such."⁹⁶

Firstly then, what does Heidegger mean by in-the-world? While the statement that we find ourselves in a world might seem to state the obvious, Heidegger's analysis shows that our immersion in the world precedes an account of ourselves as entities situated in a totality of entities. An important distinction to comprehend in order to understand the world in which we find ourselves is that between objects seen as present-at-hand and ready-to-hand. To encounter something as present-at-hand is to grasp something theoretically as a thing, an entity. As opposed to this, to encounter something as ready-to-hand is to use something without thinking specifically of the use of it. As Heidegger puts it "[the] ready-to-hand is not grasped theoretically at all[...] The peculiarity of what is proximally ready-to-hand is that, in its readiness-to-hand, it must, as it were, withdraw in order to be ready-to-hand quite authentically."⁹⁷ To take one of Heidegger's most cited examples: when hammering one is not aware of the hammer as a separate entity in the world, it is a piece of equipment and as such it recedes into the background. In the same way a good pilot will often remark that when flying one is not aware of the distinction between oneself and the plane, but merely the flying; being one with the plane.

⁹⁶ Heidegger, *Being and Time*, 79.

⁹⁷ Ibid, 79.

Heidegger continues by arguing that anything ready-to-hand must belong to a holistic totality. From this it follows that “Taken strictly, there “is” no such thing as *an* equipment.”⁹⁸ Any equipment is essentially part of a totality of equipment, whereby we aim at something to be done, some “towards-which”. Indeed, Heidegger argues the present-at-hand way of seeing things is not the way we are involved with things in our average everydayness, rather we notice something as present-at-hand when its usability is somehow impaired, if the hammer cannot be found, or the engine on the plane stalls. In other words, Heidegger argues that our ordinary interaction in the world is pre-theoretical. So if Dasein primarily is involved with the world as ready-to-hand, what kind of world does Dasein primarily find itself in?

In the third chapter of *Being and Time* Heidegger characterises several different ways in which we can conceptualise the world. Firstly, there is the sense many people would probably find intuitively plausible, the world ontically used to signify the totality of present-at-hand entities.⁹⁹ Secondly, world can ontologically be used to signify the Being of the aforementioned entities. This could for example refer to the world of psychology, where “world” signifies the “realm of possible objects” to the psychologist.¹⁰⁰ Thirdly, “world” can be used in another ontical sense – not, however, as those entities which Dasein essentially is not and which can be encountered within-the-world, but rather as that “wherein” a factual Dasein as such can be said to “live”. “World” has here a pre-ontological existentiell signification.”¹⁰¹ This might refer to one’s domestic environment, a world where one exists primordially. Finally, “world” might “[designate] the ontologico-existential concept of *worldhood*.”¹⁰² This refers not specifically to any kind of world but rather the *a priori* environment of “world” wherein Dasein finds itself. From these considerations we can see how according to Heidegger the present-at-hand is less primordial, and derived from the ready-to-hand, and that the theoretically composed world of entities is less primordial, and derived from the world of our everyday involvement: “Being-in-the-world, according to our Interpretation hitherto, amounts to a non-thematic circumspective absorption in references or assignments constitutive for the readiness-to-hand of a totality of

⁹⁸ Heidegger, *Being and Time*, 97.

⁹⁹ Ibid, 93.

¹⁰⁰ Ibid, 93.

¹⁰¹ Ibid, 93.

¹⁰² Ibid, 93.

equipment. Any concern is already as it is, because of some familiarity with the world.”¹⁰³

This world of equipment is not just limited to tools, but also includes signs. As Heidegger puts it: “signs, in the first instance, are themselves items of equipment whose specific character as equipment consists in *showing* or *indicating*.”¹⁰⁴ So signs are also ready-to-hand, belonging to a totality, but because of its specific referencing a sign also “*explicitly raises a totality of equipment into our circumspection so that together with it the worldly character of the ready to hand announces itself*.”¹⁰⁵ So the world in which everyday Dasein finds itself is a holistic referential totality, but what about other people?

5.3 The Being of being-in-the-world

Moving on then to our second part of the compound being-in-the-world we will now investigate “the who” of being-in-the-world. Heidegger tells us this will lead us to “certain structures of Dasein which are equiprimordial with Being-in-the-world: *Being-with* and *Dasein-with*”.¹⁰⁶ In this exploration Heidegger in typical fashion starts out on the ontical level: “The question of the “who” answers itself in terms of the “I” itself, the “subject”, the “self”. The who is what maintains itself as something identical throughout changes in its Experiences and ways of behaviour, and relates itself to this changing multiplicity in so doing.”¹⁰⁷ This view of Dasein corresponds quite well with the views of the self we encountered in the first part of chapter 3: the self conceptualised as an entity enduring over time. However, this characterisation of the self has run into many problems over the years: how can one, for example, definitively prove the existence of other minds if all we know is our self? Indeed, Heidegger argues that this is a present-at-hand, derivative, conceptualisation of the self. By considering oneself as a theoretical cognizable “I” one has converted Dasein into a thing:

Just as the ontical obviousness of the Being-in-itself of entities within-the-world misleads us into the conviction that the meaning of this Being is obvious

¹⁰³ Ibid, 107.

¹⁰⁴ Ibid, 108.

¹⁰⁵ Ibid, 110.

¹⁰⁶ Ibid, 149.

¹⁰⁷ Ibid, 150.

ontologically, and makes us overlook the phenomenon of the world, the ontical obviousness of the fact that Dasein is in each case mine, also hides the possibility that the ontological problematic which belongs to it has been led astray.¹⁰⁸

As opposed to this ontical view of the self, we must ask who Dasein is in its everyday life. How do we then encounter other people? Heidegger here argues that the way we mostly interact with other people is in an environmental fashion. We do not cognize them as separate entities, but rather interact in an already defined world of meaning. However, others are not simply encountered as something ready-to-hand, but they also in a sense constitute the world wherein Dasein finds itself. “Thus Dasein’s world frees entities which also – in accordance with their kind of Being *as Dasein* themselves – are “in” the world in which they are at the same time encountered within-the-world, and are “in” it by way of Being-in-the-world.”¹⁰⁹

Heidegger goes on to differentiate the environmental character of “the other” as being Being-with and Dasein-with. Heidegger differentiates these by saying:

If Dasein-with remains existentially constitutive for Being-in-the-world, then, like our circumspective dealings with the ready-to-hand within-the-world (which, by way of anticipation, we have called “concern”) it must be interpreted in terms of the phenomenon *care*; for as “care” the Being of Dasein in general is to be defined. [...] Being-with, like concern, is a *Being towards* entities encountered within-the-world. But those entities towards which Dasein as Being-with comports itself do not have the kind of Being which belongs to equipment ready-to-hand; they are themselves Dasein. These entities are not objects of concern, but rather *solicitude*.¹¹⁰

So while Dasein-with is connected to “care”, Being-with is connected to “solicitude”. Care is the most general word Heidegger uses to characterise being-in-the-world. It roughly denotes the way Dasein comports itself in a caring manner always immersed environmentally within-the-world, both towards Dasein and other entities. Solicitude on the other hand is used for the way Dasein comports itself in a caring manner towards other Dasein. “Caring manner” should here not be understood in an ethical sense, but rather in the sense that Dasein concerns itself: “Being for, against, or

¹⁰⁸ Ibid, 152.

¹⁰⁹ Ibid, 154.

¹¹⁰ Ibid, 157.

without one another, passing one another by, not “mattering” to one another – these are all possible ways of solicitude.”¹¹¹

In order to make this clear a brief recapitulation of Heidegger’s well-known analysis of “the They” will be helpful. “The They” refers to a way in which Dasein, as being-with, can be in the world inauthentically. In a way Dasein is in this sense what we would mean by the English phrase “one,” “[...] whereby every other is like the next.”¹¹² In this sense one is average, passing on information uncritically, and just taking on the kind of being that is on offer. However, “the They” should not be seen as a moral category, indeed it is a way of being which belongs to Dasein’s constitution: an existential characterising the average everydayness of Dasein.

So, Dasein is primordially socially characterized by Dasein-with and Being-with, whereby Dasein is immersed in an environment that is matter of concern for it. Furthermore, this being-with can embody several forms, one of which takes on the form of “the They” in which one uncritically takes on a general way of being.

5.4 The existential constitution of Dasein

Moving on to the third part of the compound being-in-the-world we arrive at the “being-in as such”¹¹³. This exploration brings together the previous two compounds in the holistic structure of the four existentials: state-of-mind, understanding, discourse and falling. We will go through these in turn before bringing them together in the framework of being-in-the-world.

Firstly, and perhaps most intuitively accessible, we have “state-of-mind”. As Heidegger puts it: “What we indicate *ontologically* by the term “state-of-mind” is *ontically* the most familiar and everyday sort of thing; our mood, our Being-attuned.”¹¹⁴ This existential can also be explained as part of the compound Being-there. In short, Dasein always has a mood; ontically we can recognize this as people always being, angry, sad, happy, or indifferent. Ontologically, Heidegger argues state-of-mind is constitutive of Dasein, even when Dasein is not aware of it. Heidegger uses the concept “thrownness” to emphasis the way in which Dasein always finds

¹¹¹ Ibid, 158.

¹¹² Ibid, 164.

¹¹³ Ibid, 169.

¹¹⁴ Ibid, 172.

itself situated in some already given situation, and in some given mood. However, we should not merely understand state-of-mind in the narrow sense as always being in a mood, but rather as being attuned to the world in a certain way. As Heidegger puts it: “*Existentially, a state-of-mind implies a disclosive submission to the world, out of which we can encounter something that matters to us.*”¹¹⁵ So not only do we always find ourselves in a mood, but state-of-mind allows for our concern within-the-world.

Secondly, as part of the primordial structure of being-there we have understanding. Heidegger explains understanding in relation to the three characteristics of: possibility, projection and interpretation.¹¹⁶ Through possibility Dasein primordially understands itself as what it can be. This possibly should be distinguished from logical possibility; rather Dasein essentially understands itself in light of its possibilities. “Dasein is in every case what it can be, and in the way in which it is its possibility.”¹¹⁷ Furthermore, Dasein understands itself through projection; this is not limited to things like plans for the future, but Dasein rather already sees ahead, characterising itself pre-theoretically. “As projecting, understanding is the kind of Being of Dasein in which it *is* its possibilities as possibilities.”¹¹⁸ This projection is not limited to our views of self, but rather as Dasein itself constitutes the worldhood of the world, this projection applies to the holistic framework of being-in-the-world. Finally, “The projecting of the understanding has its own possibility – that of developing itself. This development of the understanding we call interpretation.”¹¹⁹ So existentially Dasein projects possibilities, which can undergo a process of interpretation, whereby what is projected is altered. In other words, we always understand something *as* something, where this *as* is arrived at through the pre-theoretical interaction and application of possibility, projection and interpretation, which constitute understanding for Dasein. (“Every interpretation has its fore-having, fore-sight, and its fore-conception.”¹²⁰)

Thirdly, we turn to the existential category of discourse. Here we find Heidegger’s discussion of language, which he believed had been hitherto immersed in an ontical, present-at-hand, way of seeing it. According to Heidegger: “The fact that language

¹¹⁵ Ibid, 177.

¹¹⁶ Macann, *Four Phenomenological Philosophers*, 89.

¹¹⁷ Heidegger, *Being and Time*, 183.

¹¹⁸ Ibid, 185

¹¹⁹ Ibid, 188.

¹²⁰ Ibid, 275.

now becomes our theme *for the first time* will indicate that this phenomenon has its roots in the existential constitution of Dasein's disclosedness. *The existential-ontological foundation of language is discourse or talk.*"¹²¹ Discourse is primordial on the same level as state-of-mind and understanding, and it is from discourse we get meaning. "Discourse is the articulation of intelligibility."¹²² The framework within which discourse gets used is language. However, as with Heidegger's conceptualisation of "world", we must not primarily see language as a collection of present-at-hand entities, but rather as something Dasein is environmentally concerned with, and immersed within. When everyday Dasein communicates, this discourse is not characterised as the transferring of information from one subject to another, "Dasein-with is already essentially manifest in a co-state-of-mind and a co-understanding. In discourse Being-with becomes "explicitly" *shared*; that is to say, it *is* already, but it is unshared as something that has not been taken hold of and appropriated."¹²³ So discourse according to Heidegger, is an environmental pre-theoretical encountering of ready-to-hand meaning within-the-world, connected to the existentials of state-of-mind and understanding, and, indeed, the worldhood of the world itself.

This brings us to the fourth existential *falling*, which while perhaps the trickiest existential to comprehend, can be got at through the concept of "idle talk". Idle talk is a way in which everyday Dasein often communicates, whereby one is not consciously questioning what is said. "Idle talk does not have the kind of Being which belongs to *consciously passing off* something as something else."¹²⁴ Heidegger argues this kind of discourse gives the impression of understanding, while actually "closing off". In other words, it acts as the bringing on of something "proximally" understood, without ontologically uncovering at all; the meaningless passing off in discourse something which is not in a meaningful way appropriated. Idle talk is connected to our previous discussion of "the They" in that in it "The "they" prescribes one's state-of-mind, and determines what and how one "sees"."¹²⁵ Falling constitutes Dasein in that it is a possibility for Dasein not to be concerned with determining its own state-of-mind:

¹²¹ Ibid, 203.

¹²² Ibid, 203.

¹²³ Ibid, 205.

¹²⁴ Ibid, 213.

¹²⁵ Ibid, 213.

The phenomenon of falling does not give us something like a “night view” of Dasein, a property which occurs ontically and may serve to round out the innocuous aspects of Dasein itself. Falling reveals an essential ontological structure of Dasein itself. Far from determining its nocturnal side, it constitutes Dasein’s days in their everydayness.¹²⁶

As an existential, falling refers to a way in which Dasein is casually going along with things pre-theoretically. However, this is not taken to be a negative aspect of Dasein, merely a way in which Dasein is. So, these four existentials; state-of-mind, understanding, discourse and falling, are all to be understood as ontologically constituted in a pre-theoretical manner. They are argued to characterise the experiential framework within which we find ourselves in the world.

5.5 Dasein as a phenomenological conception of the self

We must now raise the questions of what differentiates this understanding of the self from the previous theories, and why Heidegger argues that it is more fundamental than a “mere” psychological characterisation of man: “We must always bear in mind, however, that these ontological foundations can never be disclosed by subsequent hypotheses derived from empirical material, but that they are always “there” already, even when that empirical material simply gets *collected*.”¹²⁷

As we have seen Heidegger argues that the existential constitution of Dasein is given independently of empirical “facts”. By using an ontological investigation Heidegger attempts to ascertain the pre-theoretical structures of our being. A psychological investigation on the other hand, examines man as an entity; one of many. Indeed, with such a view one must presuppose the veracity of the subject/object distinction, as a basis for empirical investigation. In short, there need to be “hard facts” for them to be studied. Therefore, an ontical and psychological theory presupposes an understanding of the world as primarily a realm of independent entities.

However, if one accepts the phenomenological constitution of the self, a psychological and ontical investigation must be based on the pre-theoretical structure within which we find ourselves in the world. Primarily, we are not entities among other entities, we are meaning-constituting beings. The worldhood of the world in

¹²⁶ Ibid, 224.

¹²⁷ Ibid, 75.

which we reside is based on the experiential framework presupposed for any meaningful experience.

We shall not get genuine knowledge of essences simply by the syncretic activity of universal comparison and classification. Subjecting the manifold to tabulation does not ensure any actual understanding of what lies there before us as thus set in order. [...] And if the “world” itself is something constitutive for Dasein, one must have an insight into Dasein’s basic structures in order to treat the world-phenomenon conceptually.¹²⁸

From a phenomenological perspective we must therefore view empirical investigations with suspicion, with regard to their foundational validity. In the sense of an ontical study of entities amongst other entities, our first glance at dementia was perfectly adequate, but in relation to our more fundamental nature as pre-theoretical creatures absorbed in a the world, the examination of us as mere entities cannot be considered adequate. For this we need an ontological examination. As Heidegger puts it: “In ontological Interpretation an entity is to be laid bare with regard to its own state of Being; such an investigation obliges us first to give a phenomenal characterisation of the entity we have take as our theme[...].”¹²⁹ The entity we have taken as our theme is in this case the self with dementia, and we will therefore precede to examine, based on the ontological constitution of Dasein, dementia with regard to its own state of being.

¹²⁸ Ibid, 77.

¹²⁹ Ibid, 275.

6: Dasein and dementia

“Sweet memory, the unreliable handmaiden of the past” – (DeBaggio p.7)

6.1 Dasein and dementia: methodology

Before going on with our investigation of Dasein and dementia, we must pause to consider our methodology. In short, how and on what grounds can we use the phenomenological framework of Dasein for the comprehension of dementia? In brief, the methodology employed is based on Heidegger’s understanding of ontology. He states that “Ontological investigation is a possible kind of interpreting, which we have described as the working-out and appropriation of an understanding.”¹³⁰ Therefore we must conduct an examination of our previous understanding of dementia, as stated in chapter 2, and interpret it in light of the ontology of Dasein presented above. We will use our examination of dementia as pointing to aspects of the underlying conception being-in-the-world.

Now, what can the Heideggerian conception of the self as Dasein tell us about what happens to the self with dementia? In the previous chapter we saw how the holistic structure of being-in-the-world, and the existentials, can be used as a model for the self seen as the holistic underlying conditions of our experiential vantage point through which we experience the world. Firstly, we will utilise this conception of the self, in relation to our survey of the dementia diseases and symptoms. Then we will compare this model with the conceptions of the self suffering from dementia examined in chapters 3 and 4, before discussing its explanatory value.

But before turning to our investigation of the symptoms we must ask one more question about the methodology. Why should our survey of dementia and Heidegger not suffer from the same criticisms as Heidegger made of the psychology and biology of his time? Well, it does appear that our introduction to dementia, and the neurological causes, did indeed investigate the person and the brain as entities among other entities. In that sense, our previous understanding, as stated in chapter 2, must indeed be seen as ontical, and while bringing forth many answers when it comes to characterising, and categorising dementia diseases, and their neurological causes, we have still not, from a Heideggerian perspective, arrived at an understanding of the Being of someone with dementia. One might indeed say that our survey in chapter 2

¹³⁰ Heidegger, *Being and Time*, 275.

uncovered present-to-hand ontical information, but does not give us an understanding of the meaning of Dasein with dementia, in other words, of the underlying experiential changes involved when suffering from dementia. So, what implications will an ontological investigation of dementia have for our understanding of a self with dementia?

6.2 An ontological investigation of memory

Before going on to examine the existentials in relation to dementia, we will first attempt to arrive at an ontological understanding of the defining symptom of dementia, memory. More precisely, what would be the implications of applying an ontical/ontological distinction to the cognitive capacity of memory? Well, as we have seen above, while memory initially seems to be a quite straightforward cognitive capacity, it is actually based on complex mental processes that interact with many different parts of the brain. From an ontical point of view, we might consider memory as the capacity to remember facts and capabilities. However, in Heidegger's *Being and Time* memory as such is not discussed explicitly. This, however, should not discourage us, for, as we remember, part of Heidegger's approach was to use new terms and conceptual frameworks in order to avoid the underlying assumptions of previous philosophical frameworks, which may even be inherent in our way of thinking. So, in order to understand memory as an integral part of our existential constitution, we must seek an understanding of what role memory might play for Dasein. In short, we must try to relate our previous understanding of memory with the ontological understanding of the self as being-in-the-world.

As Heidegger used the present-at-hand, ready-to-hand distinction in order to exemplify the difference between an ontical and ontological investigation, we shall proceed along the same path in relation to memory. Now, as we discussed in our initial examination of memory as such, memory is often from a psychological and psychiatric perspective divided up into three types: procedural memory, working-memory, and long-term memory. Let us examine these categories in turn.

First, let us take procedural memory. Procedural memory is "reflected in skills and actions."¹³¹ These skills and actions might include the capability of driving a car,

¹³¹ Passer et al., *Psychology: The Science of Mind and Behaviour*, 348.

typing on a keyboard, eating or hammering a nail. The key distinguishing feature seems to be that we are not explicitly conscious of how we are doing the action in question, merely that we are doing it. At first glance this category of memory seems to indicate Heidegger's thoughts about how Dasein is involved pre-theoretically in within-the-world. Or in Heidegger's terms, "the peculiarity of what is proximally ready-to-hand is that, in its readiness-to-hand, it must, as it were, withdraw [...] in order to be ready-to-hand quite authentically."¹³²

Procedural memory can be affected by dementia in a variety of ways. Primarily due to dyspraxia: "[...] the failure to carry out complex motor tasks due to deficits in the higher cortical control of movement."¹³³ This can in clinical practise typically be observed by a patient struggling to brush their teeth or get dressed. Now, this would correspond to an ontical analysis, but what underlying ontological changes in our self, if any, might be implied by such a cognitive defect? Well, in the case of procedural memory, it can be argued that our common ready-to-hand involvement in the world has been altered by an underlying degeneration of the brain. From the perspective of Dasein, this affects our circumspective involvement in the world. In these instances we can be fully aware of the in-order-to, the purpose, of the action, but are impeded by the breakdown of the "ready-to-hand" as such; our ability to deal with equipment. It seems as though the experiential dimension of the self is preserved, but the ready-to-hand procedural activity, becomes an explicit present-to-hand theoretical problem. In other words, our involvement in the world is still there as a framework, but we become unable to be involved in the same manner. Getting dressed becomes an intellectual activity.

This seeming breakdown in our ready-to-hand involvement can be contrasted with what Heidegger says about how our ready-to-hand involvement in the world can break down when equipment is missing or broken. As Heidegger states in *Being and Time* such a situation shows our circumspective involvement in the world, it shows that our primordial involvement in the world is equipmental. We do not primarily encounter entities amongst others, but rather things we use for a purpose. When we encounter these items of equipment we are not aware of them as such, rather we are

¹³² Heidegger, *Being and Time*, 99.

¹³³ Alan J. Thomas and John T. O'Brian, "Alzheimer's Disease" In *Psychiatry in the Elderly*, Third Edition, Edited by Robin Jacoby and Catherine Oppenheimer, (Oxford: Oxford University Press, 2002), 513.

aware of the purpose of our actions. Indeed, taken strictly there are no items of equipment, merely a “totality of equipment [...] constituted by various ways of the “in-order-to”, such as servicability, conduciveness, usability, manipulability.”¹³⁴ When equipment is missing or broken our involvement in the world is lit up by its absence: “When its usability is thus discovered, equipment becomes conspicuous.”¹³⁵

This breakdown ties in with our second basic psychological category of memory: short-term memory. Indeed, the absence of equipment often happens when suffering from dementia, as the degeneration of short-term memory leads to many situations when items are found to be missing. In these situations there is no breakdown in our ready-to-hand involvement as such, but rather increased occurrences of breakdowns due to our diminished capacity to keep track of things. In instances such as this a degeneration of brain cells, often due to damage to the hippocampal region,¹³⁶ leads to an increased frequencies whereby one is unable to be involved in our normal “non-thematic circumspective absorption in references and assignments constitutive for the readiness-to-hand of a totality of equipment.”¹³⁷ In this second sense then we see a typical breakdown in the ready-to-hand involvement in the world, with increased frequency due to neurological degeneration, as opposed to the problems with conducting complex motor-tasks whereby our ready-to-hand involvement as such appears limited. Moreover, in many such instances, one can argue that items of equipment come across as un-ready-to-hand, whereby the totality of references remain, but items of equipment are pre-theoretically found to be missing.

So, the correlation between degeneration of procedural and short-term memory, and Dasein results on the face of it not in the absence or degeneration of our experiential self, but rather in a change within the experiential dimension. This change can be characterised as relating to Dasein’s overall constitution as being-in-the-world, constituting a diminished ability for involvement: “The helpless way in which we stand before it is a deficient mode of concern, and as such it uncovers the Being-just-present-at-hand-and-no-more of something ready-to-hand.”¹³⁸

¹³⁴ Heidegger, *Being and Time*, 97.

¹³⁵ Heidegger, *Being and Time*, 102.

¹³⁶ Thomas and O’Brian, “Alzheimer’s Disease”, 512.

¹³⁷ Heidegger, *Being and Time*, 107.

¹³⁸ Ibid, 103.

Furthermore, these deficits in our mode of concern affect our primordial relation to the world, as one of a holistic totality of equipment. There is an increased frequency of instances whereby Dasein with dementia is not involved in our primordial referential totality, but where our pre-theoretical absorption lights up: “Our circumspection comes up against emptiness, and now sees for the first time *what* the missing article was ready-to-hand *with*, and *what* it was ready-to-hand *for*.”¹³⁹

Moving on to long-term memory, more particularly our capacity for declarative memory, often called “factual knowledge,” which is often distinguished in the psychological and psychiatric literature into episodic memory, events that we have experienced, and semantic memory, our repertoire of general knowledge.¹⁴⁰ What correlation can here be found between Dasein and their ontical, psychological description? In other words, what are the implications for the experiential phenomenological self of a loss of such types of memories? For an understanding of this we must turn to what Heidegger says about the “world” in which Dasein as Being-in-the-world resides. The category of declarative memory corresponds well to Heidegger’s first meaning of world: “the totality of entities which can be present present-at-hand within the world.”¹⁴¹ The knowledge of such entities would ontically speaking correspond to our psychological category of semantic memories. However, as we saw in our previous deliberations such knowledge is derivative of our primordial concern within the world. So, we must ask what is the ontological basis for our ontical knowledge of the world.

As we have already seen, the basis for entities seen as present-at-hand is ready-to-hand, wherein there strictly speaking is no such thing as an item of equipment but rather an equipmental totality. In the similar vein Heidegger argues that ontically speaking the world corresponds to a totality of entities, as an ontological-existential concept “world” designates the concept of “worldhood”.¹⁴² This worldhood is not a feature of an independently existing sphere of entities, but “it is rather characteristic of Dasein itself.”¹⁴³ So, the world ontologically understood refers back to Dasein. Our distinction between entities and our selves is as such based on our more primordial

¹³⁹ Heidegger, *Being and Time*, 105.

¹⁴⁰ Passer et al., *Psychology: The Science of Mind and Behaviour*, 348.

¹⁴¹ Heidegger, *Being and Time*, 93.

¹⁴² Ibid, 93.

¹⁴³ Ibid, 92.

pre-theoretical involvement in the world. Semantic memory can therefore be seen as derivative of our circumspective involvement in the world. In short, semantic facts are based on our involvement within-the-world, where the world is not seen as a separate sphere of entities, but rather as the fabric of our existence. Furthermore, this fabric can be seen as explicit involvement in our pre-theoretical understanding of the world, as will be exemplified by our discussion of the existential of understanding below.

6.3 The existentials and dementia symptoms

As we saw above the existential constitution of Dasein can be explained by the four existentials state-of-mind, understanding, discourse and falling. We will now turn to these in turn, and discuss them in relation to dementia symptoms.

Firstly, let us look at the existential of “state-of-mind”, often referred to as mood. According to Heidegger we ontically come across this existential frequently in that we find ourselves in a particular mood; being angry, sad or stressed. However, ontologically speaking state-of-mind refers to our being attuned to the world in a particular way, whereby aspects of the world matter to us. Heidegger brought our attention to this when he stated that Dasein always finds itself “thrown” into the world, always being attuned in some way or another.

In our initial examination of dementia we came across behavioural symptoms, such as depression, anxiety, changing personality, apathy, restlessness, irritability, and aggression. Furthermore, these behavioural symptoms were shown to relate to underlying neurological causes, such as the diminished production of neurotransmitters or fronto-temporal degeneration, and often coinciding with increased cognitive impairment.¹⁴⁴ Now, on the face of it what we observe here are ontical changes; the theoretical observation of entities. However, they also draw our attention to the way in which we always find ourselves always disclosed to the world in a certain manner. However, what do these behavioural alterations mean for the Dasein with dementia, in relation to the existential of state-of-mind?

Well, rather than understanding behavioural changes as “merely” psychological alterations, we should attempt to interpret them as indicating our existential constitution. Furthermore, rather than indicating any deterioration of the self, these

¹⁴⁴ Thomas and O'Brian, “Alzheimer's Disease”, 517.

behavioural changes draw our attention to our ontological constitution: “Any cognitive determining has its existential-ontological Constitution in the state-of-mind of Being-in-the-world; but pointing this out is not to be confused with attempting to surrender science ontically to “feeling”.”¹⁴⁵ These behavioural changes should therefore not be discounted as merely psychological alterations, but interpreted within the holistic framework of being-in-the-world as belonging to our very directionality within-the-world. In other words, we all still attuned, but the alterations in the manner in which we are attuned bring out the underlying neurological involvement in such a state-of-mind. The experiential framework seems to remain the same, but the effects of neurological degeneration lead to alterations in how we are attuned. For example, in the frequent case of apathy, the worldhood of our experience can be altered in that whatever we come across is not a matter of concern. However, just as an ontical study of the behavioural symptoms of dementia show us that cognitive, motoric and cognitive symptoms influence each other, the existential constitution of Dasein, shows us the interrelation of the existentials. So, in the same way that the loss of cognitive capacities can lead to apathy, an altered attunement within-the-world, causally linked to neurological degeneration, can lead to a change in our interpretation of the whole experiential dimension.

Secondly, we must turn to the existential of understanding. As Heidegger puts it *“Understanding is the existential Being of Dasein’s own potentiality-for-Being; and it is so in such a way that this Being discloses in itself what its Being is capable of.”*¹⁴⁶ In other words, understanding is based on interpreting our possibilities, grounded in our involvement in the world. This understanding is always based on a fore-conception:

In interpreting, we do not, so to speak, throw a “signification” over some naked thing which is present-at-hand, we do not stick a value on it; but when something within-the-world is encountered as such, the thing in question already has an involvement which is disclosed in our understanding of the world, and this involvement is one which gets laid out by the interpretation.¹⁴⁷

But what are the implications of the understanding as interpretation for our ontology of Dasein with dementia? We do not theoretically appropriate our fore-having, fore-

¹⁴⁵ Heidegger, *Being and Time*, 177.

¹⁴⁶ Ibid, 184.

¹⁴⁷ Ibid, 190.

conception and fore-sight, rather such an appropriation is inherent in our understanding of anything. However, presupposing, as we are, the embodiment of the mind, these features of interpretation must have a place in the brain. In order to grasp something in advance, we need to have a fore-conception, this conception corresponds on an ontical level to the cognitive faculty of memory. But, ontologically speaking memory is not a mere cognitive faculty, but constitutes the fabric of the worldhood of the world. So, in the case of Being with dementia, amnesia in its various forms does not merely result in forgetting things, but rather alters the fabric of the world, and as such also alters the possibilities of future interpretation. So, the environmental pre-theoretical totality within which one finds oneself is altered. Categories alter, care-givers and family can find themselves interpreted as being someone different, or not even recognised. These misinterpretations do therefore not constitute a degeneration of the self, but rather an altered interpretation of the world, whereby the experiential dimension remains the same, but the parameters for interpretation change, with neurological degeneration.

These alterations to our understanding can be most pertinently exemplified by two other symptoms of dementia, delusions and hallucinations. These symptoms of dementia are psychologically described as related to a problem with distinguishing between imagined thoughts and factual, and seeing things which are not there. However, from an ontological perspective there is case to be made that these things are there in a very real sense; as part of the worldhood of the world for someone suffering from dementia. This is often found in clinical practise, particularly in the case of paranoia, whereby it is often more conducive not to discount or attempt to disprove a patient's delusions but rather to act along with them, in other words appropriate the worldhood of the world within which the patient resides.

Thirdly, we will turn to the existential of discourse. As we saw in the previous chapter this is where Heidegger introduces language. But rather than understanding discourse ontically as a collection of words and syntax; ontologically discourse signifies our primordial ready-to-hand intelligible understanding within the world: "In discourse the intelligibility of Being-in-the-world [an intelligibility which goes with a state-of-mind] is articulated according to significations and discourse is this

articulation.”¹⁴⁸ But how does this relate to our examination of the symptoms of dementia?

The cognitive symptom of dementia that is most pertinently related to discourse is aphasia: “Deficits in cortical language production [...]”¹⁴⁹. Aphasia is observed in a patient having problems with finding the correct words for things, syntactical errors and repetition of simple sentences. “The development of these deficits has serious consequences as the patient now increasingly struggles to understand what is going on around him and to communicate his distress and confusion clearly to others.”¹⁵⁰

Furthermore, as dementia progresses patients suffering in clinical practise can start repeating simple sentences, sounds and even babbling meaninglessly.¹⁵¹ So, ontically one can observe diminished capacity to communicate and comprehend. So, how does this relate to the ontology of Dasein?

In relation to the existential of discourse this degeneration of language ability can be seen as deterioration of the co-understanding of being-in-the-world. Indeed, as the degeneration of the underpinning neurological constitution of Dasein develops there seems to be a deterioration in the possibility for discourse. And, although Heidegger argues that “keeping silent” is a category of discourse, this keeping-silent must be based in co-understanding: “Only he who already understands can listen.”¹⁵² Indeed, in this instance it seems that the existential of discourse can be diminished by neurological degeneration, leading to a diminished co-understanding in the world.

However, there is no clear cut-off point here. Often co-understanding remains even though the capacity to produce sentences is diminished. This can be observed in clinical practise when a patient expresses exasperation at not being able to communicate properly. In this instance some co-understanding remains, and although the coherent expression of this co-understanding is not possible, we must remember that discourse does not only involve words and syntax. In short, in relation to existential of discourse we can in the case of dementia, see a deterioration of part of the framework of the phenomenological self, due to a loss of a co-understanding of

¹⁴⁸ Ibid, 206.

¹⁴⁹ Thomas and O’Brian, “Alzheimer’s Disease”, 512.

¹⁵⁰ Ibid, 513.

¹⁵¹ Ibid, 513.

¹⁵² Heidegger, *Being and Time*, 208.

being-in-the-world. However, there seems to be no clear boundary here, signifying the loss of the self, but rather a gradual decline in co-understanding.

Now, the last existential we will examine is falling. As we remember falling is linked to “idle talk”, the passing on of non-appropriated statements in discourse, and “the they” a way in which Dasein pre-theoretically takes on the role of the consensus. “Dasein itself, in idle talk and in the way things have been publicly interpreted, presents to itself the possibility of losing itself in the “they” and falling into groundlessness. This tells us that Dasein prepares for itself a constant temptation towards falling.”¹⁵³ In short, as “idle talk” signifies a natural passing over of significance in discourse, falling can be seen as an “idle” pattern of being; crudely put, mindlessly going about the business of living. In what way does this fourth existential tie in with Dementia?

The implications of dementia for the fourth existential of Dasein, falling, do not seem to be indicated by either of the cognitive, behavioural and motoric symptoms taken in isolation. Indeed, the scientific observations leave two distinct avenues of interpretation available. In one sense one could argue that apathy, and mindless babbling due to speech problems, point at increased frequency of losing oneself in mindless conformity. On the other hand, the diminished capacity of co-understanding due to ready-to-hand language difficulties, and the diminished parameters for interpretation, could indicate an inability to engage in mindless conformity. However, this ambiguity is not a failure of explanation, rather an exemplification of the many underlying factors involved: the varying dementia diseases, environmental contributions and individual differences.

6.4 Dementia, the self and Dasein: explanatory value

From the specific, we must now move on to the general; what overall implications does the discussion above have for our understanding of the self with dementia? The overall constitution of Dasein is given by the existentials, though these must always be understood as constituting a structural whole. In the same way, as the ontical observation of psychological symptoms showed that the symptoms, cognitive, behavioural and motoric, interact and influence each other, the existentials of Dasein

¹⁵³ Ibid, 221.

constitute a structural whole. However, whereas the purpose of the medical and psychological study of dementia aims at categorising and identifying causal links and characteristic features, with the aim to aid understanding, treatment and clinical practise, the ontological study of Dasein and dementia seeks to understand dementia as an aspect of an experiential totality; as a way of experiencing the world.

Heidegger states that the holistic framework of being-in-the-world can be described by care: “The meaning of this Being – that is, of care – is what makes care possible in its Constitution; and it is what makes primordially the Being of this potentiality-for-Being.”¹⁵⁴ Indeed, in the previous chapter we saw that this overall constitution of care was discussed with reference to existentials: state-of-mind, understanding, discourse and falling. Now, on the basis of this we can already draw some conclusions as to the implications of Dasein with dementia.

Firstly, as the self, so understood, pertains to the experiential dimension, and not a category of self-identity or self-understanding, it cannot be an all or nothing matter, it would be nonsensical within this theoretical framework to speak of a loss of self, due to dementia. As opposed to Lowe and Luntley’s arguments, who are particularly influenced by Locke and Kant and argue that the loss of a self can be understood in reference to a key human capacity, the self does not have *one* key feature, but is rather given as holistic framework of experience, and as such cannot merely cease to be. The parameters for interpreting experience alter, and in the case of discourse may even appear to cease to function to large extent, but all in all the experiential framework remains the same.

As the parameters for interpretation alter, due to neurological degeneration, the world of the person suffering from dementia changes. Deficits in procedural memory, indicate on an ontical level an underlying ontological change, ready-to-hand involvement within-the-world becomes problematic as motoric changes make us unable to use the items of equipment pre-theoretically available to us, and problems with short-term memory hinders us from accessing the holistic totality of equipment normally readily available to us. This increases the number of moments where the inherent referential assignments of the within-the-world are lost, and one falls out of context.

¹⁵⁴ Ibid, 372.

When it comes to deficits in long-term memory, this points on the ontological level to a change in the world in which we reside. On an ontological level long-term memory is related to the neurological underpinnings for our fabric of reality. And as these neurological foundations falter, the very fabric of reality alters; the whole world changes shape. This alteration of reality ties in with the existential of understanding, for as any understanding is based on interpretation, and the brain is the material foundation for any interpretation, the parameters of interpretation for a person suffering for dementia change, and one comes at odds with other within-the-world interpretations.

As for the existential of state-of-mind, the experiential dimension of being attuned to the world does not seem to change in the case of dementia, but rather behavioural symptoms indicate that the manner in which this attunement takes form is especially susceptible to neurological degeneration. Dasein with dementia can experience that the emotive fabric of reality alters. For example the behavioural symptom of paranoia, indicates on an ontological level, not a mere fault in interpretation, but a particularly strong concern of one's environmental surroundings.

In light of the existential of falling, underlying cognitive symptoms of dementia can indicate both an inability to pre-theoretically absorb "the they" and an increased frequency of mindless passing over of information. Indeed, this last existential points to the complexities involved in the constitution of the self.

We can now see that Heidegger's model of the self offers us a view of the implications of dementia for the holistic structure of experience. Indeed, rather than explaining dementia by way of a number of cognitive deficits; emphasising disunity with a "normal" way of viewing the world, the phenomenological self gives us the methodological tools to examine dementia as something altering our experiential interpretation of the world. As such this interpretation allows us to avoid addressing problems such as a subject/object distinction, questions concerning whether something is real or not real, which are clearly not involved in our normal environmental engagement within the world.

7: Conclusion

“Neurology’s favourite word is “deficit”, denoting an impairment or incapacity of neurological function: loss of speech, loss of language, loss of memory, loss of vision, loss of dexterity, loss of identity, and a myriad other lacks and losses of specific functions (or faculties).”¹⁵⁵

So, in sum what can we conclude regarding the self and dementia? Firstly, that dementia is not a simple construction. It includes a great variety of diseases, which themselves vary vastly in symptoms and degrees. Furthermore, the psychiatric and psychological description of dementia is also complicated by individual variation and environmental factors. However, in sum the mainstream scientific description of dementia aims at characterising and categorising mental deficits due to neurological degeneration.

Secondly, that there are a vast variety of views on the self, which, to varying degrees of success, and emphasising varying aspects of dementia, have been used to question whether or not the self endures as dementia progresses. In chapter 3 we considered two models for viewing the self. Broadly speaking these revolved around whether, according to the identity view, the self is based on one cognitive characteristic as a foundational feature, or whether the self was a fictional construction. While we should avoid oversimplification (indeed, Locke and Kant did of course acknowledge external influences on the mind), the important thing to note is that it was the internal collection of ideas in the mind and the fundamental feature of “I think” accompanying any idea, which were seen as foundationally constituting the self. In this sense both views were seen as exemplifying aspects of dementia, but fell short of any comprehensive value in explaining dementia as an aspect of the self. Indeed, this was reflected in the vague conclusions reached. Moving on we saw how a no-self view avoided the conception of the self all together, but had little explanatory value. As to the external view, we saw that the narrative view of the self provided a framework within which certain aspects of dementia could be explained, but no overall theoretical framework from which to attempt an understanding of what it means to live with dementia. For this we had to turn to phenomenology.

¹⁵⁵ Oliver Sacks, *The man who mistook his wife for a hat*, (New York: Touchtone: 1998), 3.

Now, it will be to surprise to anyone who has read this far that my particular preference is the use of phenomenology in the exploration of the self. For through a phenomenological understanding we can grasp some vague core, which explains the intricate relationships and aspects of our experience as human beings, Phenomenology provides us with a framework which both discloses our core, with the holistic framework of our existentials - mirroring a holistic interpretation of our brain - and explains our urge towards ontical interpretations; classifying, dividing and defining.

As dementia progresses, accompanied by the neurological degeneration of the brain, we can see that although the structural features of our situatedness within-the-world remain the same, as the holistic structure of being-in-the-world; the parameters within these structures alter. Moreover, they alter to the extent that with severe language problems, the co-understanding with the rest of humanity is reduced beyond comparison. Indeed, this is reflected in the very real concern for suffering from such a devastating illness, the anxiety for the shattering fabric of the world one normally finds oneself embedded in. However, there is a definite sense in which the self remains permanent, when phenomenologically interpreted as the experiential framework of experience. And, as such the experiential framework of Dasein helps us understand what it means to live with dementia. As opposed to the identity conception of the self, and the no-self conception, the phenomenological conception of the self has greater explanatory value: one can attempt to comprehend the experiential realities involved in living with dementia. In regard to the narrative conception of the self; the theoretical framework of the phenomenological self offers a structural unity of interpretation which the narrative view lacks.

In the introduction I stated that one of the premises for this philosophical interpretation of dementia was that progress made in the empirical study of mind, in the areas of neurology, psychiatry and psychology, should have profound implications for the philosophical theory of the self. Coming round full circle. I believe, based on the examination above, I have shown that the opposite is also the case: the theoretical structure of the self has been shown to necessitate a foundational study of the empirical study of mind. Nowhere is this more pertinent than in the psychology and neurology of dementia. While being very aptly formed, and conducted, in order to characterise deficits of as cognitive, behavioural and motoric impairments, the

empirical sciences of mind have much less to say about what it means to live with dementia.

Furthermore, I believe that the use of phenomenology as a methodological tool to understand and critically examine the foundations of psychiatry, psychology and neurology is a growing. Among several recent theorists who discuss the applications of phenomenological interpretation of psychiatric problems we find Matthew Ratcliffe. In "Understanding existential changes in psychiatric illness: The indispensability of phenomenology" he makes that case that phenomenology is essential in order to understand structures of experience often presupposed in scientific study. On the basis of an examination of depression he writes that: "The phenomenologist studies aspects of experience that are presupposed by all empirical, scientific investigation into what the world contains. One cannot distinguish between what is and is not the case in the world without having a sense of what is to be the case."¹⁵⁶

In a similar vein I have argued that in order to comprehend dementia philosophically we must take a step back from the study of entities to the study of experiential dimension for someone suffering from dementia. Indeed, as we have seen scientific study and philosophical theory on the subject of dementia can be mutually illuminating. In particular, the symptoms of dementia point to a fundamental change in the parameters for the interpretation of the world in which the sufferer resides.

¹⁵⁶ Matthew Ratcliffe, "Understanding existential changes in psychiatric illness: The indispensability of phenomenology", In *Psychiatry as Cognitive Neuroscience: Philosophical perspectives* Edited by Matthew R. Broome and Lisa Bortolotti, (Oxford: Oxford University Press, 2009) 241.

References:

- Aquilina, Carmelo and Hughes, Julian C. "The return of the living dead: agency lost and found?" In *Dementia: mind, meaning, and the person*, Edited by Julian C. Hughes, Stephen J. Louw and Steven R. Rabat, Oxford: Oxford University Press, 2006
- Blackburn, Simon., *Oxford Dictionary of Philosophy*, Oxford: Oxford University Press, 2008
- Brentano, Franz. "Intentionality and the Project of Descriptive Psychology" In *The Phenomenology Reader*, Edited by Dermot Moran and Timothy Mooney, London: Routledge, 2002
- Burns, Alistair. "Dementia: a twentieth century historical overview", In *Psychiatry in the Elderly*, Third Edition, Edited by Robin Jacoby and Catherine Oppenheimer, Oxford: Oxford University Press, 2002
- Cummings, Jeffrey L. *The neuropsychiatry of dementia disorders*, London: Taylor and Francis, 2003
- DeBaggio, Thomas., *Losing my mind*, New York: The Free Press, 2002
- Descartes, Rene. "Meditations on First Philosophy", In *Modern Philosophy: An Anthology of Primary Sources*, edited by Roger Ariew and Eric Watkins, Indianapolis: Hackett Publishing Company, 1998
- Engedal, Knut. and Haugen., Kristian, *Lærebok: Demens Fakta og utfordringer*, Sem: Nasjonalt kompetansesenter for aldersdemens, 2004
- Fulford, Bill K. W. M. et al. *Oxford Textbook of Philosophy and Psychiatry*, Oxford: Oxford University Press, 2006
- Gallagher, Shaun. "Delusional realities" In *Psychiatry as Cognitive Neuroscience: Philosophical perspectives* Edited by Matthew R. Broome and Lisa Bortolotti, Oxford: Oxford University Press, 2009
- Heidegger, Martin, *Being and Time*. Translated by John Macquarrie and Edward Robinson, Oxford: Blackwell Publishing House: 2008
- Hume, David. "A Treatise on Human Nature: Section 6", In *Modern Philosophy: An Anthology of Primary Sources*, edited by Roger Ariew and Eric Watkins, Indianapolis: Hackett Publishing Company, 1998
- Husserl, Edmund. "Noesis and Noema" In *The Phenomenology Reader*, Edited by Dermot Moran and Timothy Mooney, London: Routledge, 2002
- Lakoff, George .and Johnson, Mark., *Philosophy in the flesh*, New York: Basic Books, 1999
- Lesser, Harry. A. "Dementia and personal identity", In *Dementia: mind, meaning, and the person*, Edited by Julian C. Hughes, Stephen J. Louw and Steven R. Rabat, Oxford: Oxford University Press, 2006

Locke, John. "Essay Concerning Human Understanding", In *Modern Philosophy: An Anthology of Primary Sources*, edited by Roger Ariew and Eric Watkins, Indianapolis: Hackett Publishing Company, 1998

Lowe, E. Jonathan., "Can the self disintegrate? Personal identity, psychopathology, and disunities of consciousness", In *Dementia: mind, meaning, and the person*, Edited by Julian C. Hughes, Stephen J. Louw and Steven R. Rabat, Oxford: Oxford University Press, 2006

Luntley, Michael. "Keeping track, autobiography, and the conditions for self-erosion", In *Dementia: mind, meaning, and the person*, Edited by Julian C. Hughes, Stephen J. Louw and Steven R. Rabat, Oxford: Oxford University Press, 2006

Macann, Christopher. *Four Phenomenological Philosophers*, Abingdon: Routledge, 2005

Moran, Dermot. *Introduction to Phenomenology*, London: Routledge, 2000

Passer, Michael. et al., *Psychology: The Science of Mind and Behaviour*, London: McGraw-Hill Higher Education, 2009

Radden, Jennifer. and Fordyce, Joan M. "Into the darkness: losing identity with dementia" In *Dementia: mind, meaning, and the person*, Edited by Julian C. Hughes, Stephen J. Louw and Steven R. Rabat, Oxford: Oxford University Press, 2006

Ratcliffe, Matthew. "Understanding existential changes in psychiatric illness: The indispensability of phenomenology", In *Psychiatry as Cognitive Neuroscience: Philosophical perspectives* Edited by Matthew R. Broome and Lisa Bortolotti, Oxford: Oxford University Press, 2009

Solomon, Robert C., *Introducing Philosophy*, Oxford: Oxford University Press, 2005

Solomon, Robert C. *Continental Philosophy since 1750: The Ruse and Fall of the Self*, Oxford: Oxford University Press, 1988

Thomas, Alan J. and O'Brian John T. "Alzheimer's Disease" In *Psychiatry in the Elderly*, Third Edition, Edited by Robin Jacoby and Catherine Oppenheimer, Oxford: Oxford University Press, 2002

World Health Organisation, *International Classification of Diseases (ICD10). Chapter 5 Mental and Behavioural Disorders (F00-F99)* World Health Organisation, 2007 [<http://apps.who.int/classifications/apps/icd/icd10online/>] (visited 20.03.2010)

Widdershoven, Guy A. M. and Berghmans, Ron L. P. "Meaning-making in dementia: a hermenutic perspective" In *Dementia: mind, meaning, and the person*, Edited by Julian C. Hughes, Stephen J. Louw and Steven R. Rabat, Oxford: Oxford University Press, 2006

Zahavi, Dan., *Subjectivity and Selfhood*, Cambridge: The MIT Press, 2008